



COLORADO DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH CORRECTIONS

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**COLORADO**

**Office of Children,  
Youth & Families**

Division of Youth Corrections

# **AUDIT STANDARDS**

***Working with Colorado Communities to Achieve Justice***

Division of Youth Corrections

***Working with Programs to Raise the Standard of Care***

Office of Quality Assurance

REVISED AUGUST 2014

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## **DIVISION OF YOUTH CORRECTIONS' AUDITING GUIDELINES**

### **VISION:**

#### **WORKING WITH PROGRAMS TO RAISE THE STANDARD OF CARE**

**The Mission of the Division of Youth Corrections' audit/monitoring process, incorporating the Division's Five Key Strategies and the Five Core Values, is to assure that juveniles placed in the custody of the Division of Youth Corrections are receiving the *right services at the right time, delivered by quality staff, using proven practices, in safe environments, embracing restorative community justice principals; while working in an environment in which we speak and act with Integrity, treat youth, families and each other with Respect, demonstrate Trust, reflect Accountability and pursue Excellence.***

**This shall be accomplished by employing a continuous improvement process, which includes oversight, technical assistance, tracking previous audit/monitoring reports and audit action plan documents; utilizing applicable state statutes, Division of Youth Corrections' policies and the provisions of the contract for private residential programs.**

#### **Standard Development and Revisions**

The Office of Quality Assurance, subject matter experts, facility administrators', regional office program managers and administrators from contract programs, review all Division of Youth Corrections' standards annually. Revisions, deletions, and development of standards are implemented to reflect changes in state statutes, Division of Youth Corrections' policy, and/or Division programmatic initiatives. The final standards review is conducted by the Division Leadership Team prior to implementing standard changes into a new audit cycle that coincides with the state fiscal year (July 1 – June 30).

#### **Level I Risk Auditing/Monitoring Requirements**

##### **Level I Risk**

The Division of Youth Corrections' Office of Quality Assurance formally audits programs assessed at Level 1. Level 1 facility's are secure residential programs that utilize locked doors, time released locked panic bar door hardware and/or secure perimeter boundaries in order to prevent juveniles placed in the Division of Youth Corrections' care from escaping. Level 1's may also be facilities with a large juvenile population. Facilities may be state-operated or run by a private-residential contractor.

The audit process reviews **321** standards in treatment facilities and **234** standards in detention facilities. All aspects of programming and operations are evaluated including personnel; training and staff development; juvenile records; food services; medical services; juvenile rights and responsibilities; physical plant; safety and emergency; clinical services; security and control; sanitation and hygiene; education including special education program services; and contract compliance. The Division of Youth Corrections' standards meet the intent of the American Correctional Association national juvenile standards (ACA), National Commission on Correctional Health Care, National Juvenile Health Care Standards (NCCHC), Colorado Revised Statutes (C.R.S.), Division of Youth Corrections' policies, the Colorado Department of Education requirements, and federal laws regulating special education services. Every standard includes audit measures that serve as guidelines for the auditor to determine the status of each standard. The measures are not all-inclusive of the information the auditor is reviewing, but

provides sufficient information and/or clarification for the auditor to determine the status of each standard.

The expectation of the audit is to complete a comprehensive assessment involving every aspect of the facility's operation. The audit team shall strive to be non-intrusive, yet thorough in its review.

Standards and facility practices are rated on a performance based numerical scale from 0 to 5. A value of zero indicates an immediate action concern. Immediate actions are non-compliant standards that have the potential of life safety issues, media attention, legal or financial liability. A rating of 5 indicates an "Outstanding Practice" (5). Numerical values of 1, 2, 3, and 4 are used to indicate (1) non-compliance, (2) program concern, (3) compliance and (4) program strength. Standards that are not relevant to the program's operations are rated N/A and are not included in the final audit compliance score.

### **Weighted Values**

In addition to the performance based numerical scale, every Division of Youth Corrections' standard is assigned a weighted value. The weighted value scale is 2 through 4, with a value of 4 considered critical in nature. The weighted values are defined as follows:

- 4 – Life safety, security, or potential liability
- 3 – Relate to programming and service provision
- 2 – Relate to documentation

A formal audit report is generated and sent to the audited facility within 30 working days after the completion of the audit. The facility is then required to develop action plans 30 days after receipt of the final audit report for all areas of non-compliance unless the non-compliant standard is identified as an Immediate Action Concern (IAC). IAC's require action plans within 10 business days following the audit completion.

Standard findings may be appealed in writing to the quality assurance department. Appeals related to immediate action findings shall be received by quality assurance within 3 business days following the receipt of the findings. All other appeals shall be received within 30 days following the receipt of the findings.

The program monitor is responsible for monitoring all action plans until there is resolution of the identified issue. The information gathered from the action plan review is entered into the Audit Reporting and Monitoring System (ARMS) indicating the status of the immediate action, non-compliant standard and/or compliant with concern standard. The data input process continues until the program is in compliance with all standards.

**If you have any questions please contact the Office of Quality Assurance at:**

**4131 S. Julian Way  
Denver, Colorado 80236  
Phone: (303) 866-7965  
Fax: (303) 866-7982**

**Fiscal Management****FM 1.1: W=3**

Facility procedures and practice shall reflect Division of Youth Corrections' policy and shall include, at a minimum, the following areas:

- Internal controls, spreadsheets and logs.
- Signature control on checks.

**AUDIT MEASURES:**

- A. Review of the applicable fiscal/financial policies and procedures, and facility's implementing procedures and records.
- B. Internal controls spreadsheets and tracking systems for expenses.

**FM 2.1: W= 3**

Facility procedures and practice shall reflect Division of Youth Corrections' policy and shall cover petty cash.

**AUDIT MEASURES:**

- A. Verify petty cash reconciliation to COFRS balance.
- B. Verify signature control.
- C. Verify designated secure location for petty cash (locked cash box or safe access).
- D. Review types of expenses, presence of receipts.

**FM 2.2: W= 3**

Facility procedures and practice shall reflect Division of Youth Corrections' policy and shall cover purchasing card (PCARD) use.

**AUDIT MEASURES:**

- A. Verify signature control.
- B. Review types of expenses, presence of receipts.
- C. Review PCARD records' compliance to procurement standards.

**FM 2.5: W=3**

All cash received through the mail is held for the juvenile in accordance with juvenile personal fund accounting and implementing procedure.

**AUDIT MEASURE:**

- A. Facility records of juvenile's accounts.

**FM 3.1: (State Facilities Only): W=3**

Juvenile trust fund monies shall be expended only for the direct benefit of the juvenile population. These funds shall be expended in accordance with State Fiscal Rules, Division policy and guidelines provided by the Divisions' administration. If there is a commissary or canteen, strict inventory controls shall be maintained over its operation and regular accounting procedures shall be followed.

**AUDIT MEASURES:**

- A. Verify signature control on checks.
- B. Verify accurate use of tracking system for collection and disbursement of trust cash, internal control process.
- C. Verify designated and secure location for trust cash (locked cash box or safe, access).
- D. Review commissary records (when applicable).

**FM 4.1: W=3**

Juveniles' personal funds held by the facility shall be controlled by facility implementing procedures identified by Division of Youth Corrections' policy and the Colorado Department of Human Services' Division of Accounting. Juveniles shall not be permitted to hold their personal funds or to conduct financial transactions with others in the facility.

**AUDIT MEASURES:**

- A. Verify designated secure location for juveniles' cash (locked cash box or safe, access).
- B. Review the processes of collection and disbursement of juveniles' funds.

**FM 5.1: W=4 (State Facilities Only)**

A tracking system shall be maintained to record all meal ticket purchases within the facility. Purchases shall be completed in accordance with the Divisions' Policy and the Colorado Department of Human Services' Division of Accounting.

**AUDIT MEASURES:**

- A. Tickets are sold in numerical order.
- B. Meal ticket logs (also called cash receipts forms) are submitted directly to accounting along with funds collected each month within seven business days of the end of the month regardless of amount. Copies of the cash receipt forms shall be sent to central office food services and central office finance
- C. The Director or designee submits the reconciliation report each quarter.
- D. The Director or designee notifies the Food Services Director and Central Office Finance when a new/different person takes on the responsibilities as the meal ticket custodian.
- E. Tickets are sold/utilized appropriately i.e., duty, non-duty, guest.
- F. Facilities follow Fiscal/Financial Facility Implementing Procedures.
- G. Cash in locked cash box or safe.
- H. Logs and/or spreadsheets illustrating a tracking system for expenditures.
- I. Checkbook.

## **Human Resources**

### **HR 1.0: W=2**

Implementing procedures shall reflect current Division of Youth Corrections' policy and shall be reviewed and updated as necessary. New or revised written directives, Division of Youth Corrections policies and procedures, and relevant Colorado Department of Human Services' policies shall be disseminated to designated staff and volunteers and, when appropriate, to juveniles prior to implementation.

#### **AUDIT MEASURES:**

- A. Current written directives and implementing procedure and relevant Colorado Department of Human Services' manual(s) maintained on computer drive/file or hard copy.
- B. Comparison of policy and implementing procedure effective dates.
- C. Review dissemination via signed acknowledgements, training files, trails entries, logs, minutes of meetings, committees and/or task force groups.

### **HR 3.0: W=4 (State Facilities Only)**

Division of Youth Corrections' facilities shall maintain an ORGANIZED, current, accurate, confidential personnel record for all employees to include a current PMAP and current PDQ; signed acknowledgement and agreement to follow all policies; separate acknowledgements to abide by confidentiality, PREA, child abuse reporting and HIPAA requirements/regulations.

#### **AUDIT MEASURE:**

- A. Review of personnel files.

### **HR 3.1: W=4 (Contract Facilities Only)**

The contract program shall maintain a current, accurate and confidential personnel record for all staff that includes clearance with CBI, FBI and TRAILS; reference checks, proof of education and experience, current job description, and current performance evaluation; signed acknowledgement and agreement to follow all policies; acknowledgements to abide by confidentiality, PREA, child abuse reporting and HIPAA requirements/regulations.

#### **AUDIT MEASURES:**

- A. 100% of personnel files containing clearance, finger print card and disposition when applicable.
- B. Review of files for all information required.

### **HR 5.0: W=3**

Consultants, volunteers, interns and independent contractor personnel who work with juveniles shall be informed in writing and have a signed acknowledgement for the facility's policies on HIPAA, confidentiality of information; child abuse reporting and PREA. All signed acknowledgments shall be located in their file.

#### **AUDIT MEASURE:**

- A. Signed acknowledgements.

**HR 7.0: W=2**

When a volunteer program is initiated, one staff shall be assigned who is responsible for operating the program for the benefit of juveniles.

**AUDIT MEASURES:**

- A. Name of assigned staff.
- B. Interview with assigned staff.

**HR 8.0: W=4**

All unsupervised volunteers, interns and independent contractor personnel that are not directly supervised shall have a CBI and TRAILS clearance prior to being unsupervised. FBI clearance shall be submitted prior to being unsupervised.

**AUDIT MEASURES:**

- A. Evidence of CBI and TRAILS clearance on all volunteers, interns and contract staff who have unsupervised contact with juveniles.
- B. Evidence of finger print submission prior to being left unsupervised.

**HR 8.2: W=3**

There shall be an individual file for all volunteers, interns and independent contractor personnel that include a completed application, job description/volunteer agreement, completed orientation, completed training and applicable clearance(s).

**AUDIT MEASURE:**

- A. Review of files.

**HR 9.0: W=2**

There shall be an official registration and identification system for volunteers, interns and independent contractor personnel that distinguishes them from employees and identifies THEM AS EITHER NEEDING TO BE SUPERVISED OR AUTHORIZED TO BE UNSUPERVISED.

**AUDIT MEASURES:**

- A. Facility's approved list of volunteers, interns, and independent contractor personnel.
- B. Badge assignments for volunteers, interns and independent contractor personnel.
- C. Sign-in logs for volunteers, interns and independent contractor personnel.

**HR 9.1: W=4**

Only volunteers, independent contractor personnel and interns that have been approved to be at the facility shall be granted access.

**AUDIT MEASURE:**

- A. Review of approval list and sign in logs.

**HR 10.0: W=3**

Volunteers, interns and contract staff may perform professional services only when they are certified or licensed to do so or are under professional supervision.

**AUDIT MEASURE:**

- A. Copies of volunteers', interns' and contract staff certificates and licenses such as Certified Addictions Counselor (CAC) certification, Licensed Mental Health

Provider, Licensed Nurse or Physician, Licensed Barber or Cosmetologist, etc.

**HR 13.2: W=3**

When both males and females are housed in the facility, at least one male and one female staff shall be on duty at all times.

**AUDIT MEASURES:**

- A. Current shift assignments.
- B. Monthly staff schedules.

**Training and Staff Development**

**The following training standards apply to all facilities, state and contract, unless otherwise noted.**

**AUDIT MEASURES FOR TSD 3.0, 3.1, 4.0, 4.1, 5.0, 5.1, 6.0, 6.1, AND 10.0:**

- A. To be in compliance, 100% of each respective staff classification (direct supervision staff, direct services no supervision, minimal contact, dining services, Administrative/Management, and new employees) must meet applicable training standards as stated in the Division of Youth Corrections' Policy 4.1, or must have an individualized make-up plan adhering to the following requirements.
  - 1. If staff missed training requirement(s) due to leave (administrative, medical, FMLA), the facility shall have 60 days from the date of the employee's return to work to make-up the training.
  - 2. If the employee missed training requirement(s) for any other reason, the facility must ensure the employee makes up the training within the PMAP/training cycle, unless the missed training is during the final month of the cycle, at which time the facility has 30 days to make up the training.
- B. Exception to make-up requirements:

For training subjects that have externally-mandated expiration/certification requirements (i.e. staff safety/PPCT, first aid/CPR...), the externally-mandated requirements for timelines, fidelity and all other training expectations shall be followed.

  - 1. Training verification shall be documented in staff training records and the Colorado TRAILS database, where available.
  - 2. Hard copy files must be provided to support the Colorado TRAILS database records, including training attendance sheets, where available. these files may be hard copy or electronic.

**TSD 1.0: W=3**

The facility's staff development and training program shall be planned and coordinated by a training coordinator who assures that any facility staff who delivers training on-site shall be qualified and/or certified as a trainer in the area in which he/she is presenting.

- A. Name(s) of assigned staff who has received appropriate training to be a qualified subject matter trainer.
- B. Trainer certificate(s) (i.e. fire marshal, CPR/First Aid, PPCT, PREA, T4C).
- C. Training attendance sheets.

**TSD 2.0: W=3**

The facility annual training plan shall be developed, evaluated, and updated based on an annual assessment that identifies current job-related training needs.

**AUDIT MEASURES:**

- A. A copy of the current training plan based on the State facility PMAP cycle (or contract facility's program's performance plan cycle).
- B. Review of annual training needs.

**TSD 3.0: W=4**

Newly hired Division of Youth Corrections' personnel who provide either direct supervision of juveniles or provide supervision to direct care staff shall receive 144 hours of training their first year of employment.

**TSD 3.1: W=4**

Personnel who provide direct supervision for juveniles or provide supervision to direct care staff receive 40 hours of annual training each subsequent year of employment. At a minimum, the Division of Youth Corrections' Policy 4.1's annual training shall be included and any other subjects as determined through the staff's performance evaluation.

**TSD 4.0: W=4**

Newly hired Division of Youth Corrections' personnel who do not provide direct supervision, but provide direct services to juveniles with the support of direct care personnel shall receive 120 hours of training their first year of employment.

**TSD 4.1: W=4**

Personnel who do not provide direct supervision, but provide direct services to juveniles with the support of direct care personnel receive 40 hours of annual training each subsequent year of employment. At a minimum, the Division of Youth Corrections' Policy 4.1's annual training shall be included and any other subjects as determined through the staff's performance evaluation.

**TSD 5.0: W=3**

Newly hired Division of Youth Corrections' personnel with minimal/no juvenile contact shall receive 104 hours of training their first year of employment, except for Dining Services III which shall have 120 hours.

**TSD 5.1: W=2**

Personnel with minimal/no juvenile contact receive 16 hours of annual training each subsequent year of employment. At a minimum, the Division of Youth Corrections' Policy 4.1's annual

training shall be included and any other subjects as determined through the staff's performance evaluation.

**TSD 6.0: W=4**

Newly hired Division of Youth Corrections' facility administrative/management personnel shall receive 106 hours of training their first year of employment.

**TSD 6.1: W=4**

Administrative/Management Personnel receive 40 hours of annual training each subsequent year of employment. At a minimum, the Division of Youth Corrections' Policy 4.1's annual training shall be included and any other subjects as determined through the staff's performance evaluation.

**TSD 7.0: W=3**

Personnel that directly supervise subordinate staff complete training in the subjects listed in the Division of Youth Corrections' Policy 4.1 within the first 12 months of their supervisory assignment, and complete the required annual training.

**AUDIT MEASURE:**

- A. To be in compliance, at least 90% of supervisors must meet this standard. This shall be documented in staff training records (In the Colorado TRAILS database, where available).

**TSD 8.0: W=4**

UNSUPERVISED volunteers, interns AND OTHER SIMILAR PERSONS shall receive annual training FOR FIRE SAFETY AND EVADE AND ESCAPE.

**AUDIT MEASURE:**

- A. To be in compliance, at least 90% of must meet this standard. This shall be documented in training records.

**TSD 10.0: W=3**

STAFF SHALL COMPLETE THE ACADEMY/NEW HIRE TRAINING WITHIN 60 DAYS OF EMPLOYMENT START DATE.

**TSD 10.1: W=3**

STAFF SHALL COMPLETE MENTORING/ON SITE TRAINING WITHIN 60 DAYS OF THEIR NEW ASSIGNMENT.

**AUDIT MEASURE:**

- A. REVIEW OF ON-SITE TRAINING DOCUMENTATION.

## BUILDINGS/FACILITIES

### **Safety and Emergency**

#### **SEP 2.0: W=4**

The facility shall conform to applicable federal, state, and/or local building and fire safety codes. Compliance is documented by the fire department legally committed to serve the facility, licensed staff official, or other licensed person(s). A fire alarm and automatic detection system shall be required, as approved by the fire department. The authority shall approve any variances, exceptions, or equivalencies that do not constitute a serious life safety threat to the occupants of the facility.

#### **AUDIT MEASURES:**

- A. Copies of all inspections, variances, exceptions and equivalencies.
- B. An annual inspection by fire department or licensed state official(s) or other licensed person(s).

#### **SEP 2.1: W=4**

The facility's fire protection response regulations and practices shall include, but are not limited to the following:

- Availability of fire protection equipment at required areas and in required proximity to one another throughout the facility.
- A safety programs manual that includes copies of the facility response plans and all current emergency contact information shall be located in work areas and available to all staff. The manual shall clearly define the facility's procedures and the roles of all staff in the event of an emergency situation.
- A qualified fire safety marshal/inspector shall conduct a comprehensive and thorough weekly inspection of the facility at no less than 90%.
- Safety programs manual reviewed annually and updated as necessary.

#### **AUDIT MEASURES:**

- A. Copies of all inspections showing compliance.
- B. Copies of current safety programs manual in work areas.
- C. Visual inspection.

#### **SEP 3.0: W=4**

There shall be a plan for addressing any identifying deficiencies or malfunctions of the fire alarm and automatic detection system to include the implementation of a temporary fire watch plan until the fire alarm system has been returned to service.

#### **AUDIT MEASURES:**

- A. Copies of all inspections showing compliance.
- B. Implementing procedures OR SAFETY PROGRAM'S MANUAL.
- C. Documentation of fire watch plan, if applicable.
- D. Documentation of notifications and approval of plan
- E. Staff interviews.

**SEP 4.0: W=3**

Facilities shall be equipped with non-combustible receptacles for smoking materials outside the buildings and such receptacles shall be located at least 15 feet away FROM DOORWAYS in designated areas. Separate non-combustible containers for other combustible refuse shall be accessible at locations throughout living quarters in the facility. All receptacles and containers should be emptied as often as safety and cleanliness require.

**AUDIT MEASURES:**

- A. Documentation from procurement of non-combustible containers.
- B. Visual observation.

**SEP 5.0: W=4**

Specifically manufactured flammable material secure storage cabinets shall be provided AND UTILIZED for flammable liquids and for rags used with flammable liquids. Facility procedures and practices shall comply with Division of Youth Corrections' Policy as it relates to the control and use of all flammable, toxic, and caustic materials.

**AUDIT MEASURES:**

- A. Documentation of practice.
- B. Material Safety Data Sheets (MSDS).
- C. Visual observation.

**SEP 7.0: W=3**

A backup communications system, such as state owned cell phones and intercom, shall be provided within the facility and between the facility and community in the event of urgent, special, or unusual incidents or emergency situations. These systems shall be tested weekly AND DOCUMENTED.

**AUDIT MEASURES:**

- A. Staff interviews.
- B. Visual inspection of back up communication devices.
- C. Review inspection report.

**SEP 8.0: W=4**

All mechanical, plumbing and electrical systems shall be kept in proper working order. There shall ALSO be documentation for preventive and routine maintenance of the physical plant, to include communications with facilities maintenance and completion of projects.

**AUDIT MEASURES:**

- A. Deficiency documentation in Maximo/maintenance log.
- B. Staff and juvenile interviews.
- C. Visual observation.

**SEP 9.0: W=4**

The facility fire protection plan shall include an evacuation plan in the event of a fire or major emergency. The plan shall be coordinated with the fire department legally committed to serve the facility. The plan shall be reviewed annually, updated as needed, and reissued to the local fire department. The plan shall include the following:

- Location of building/room floor plan.
- Use of exit signs and directional arrows for traffic flow.
- Location of publicly posted plan.
- Staff responsibilities.
- Identified evacuation to areas of refuge and for evacuation from the building when necessary.
- Fire drills shall be conducted in all occupied locations and shall occur at least once per shift per quarter. DRILLS SHOULD INCLUDE VARIOUS TIMES OF THE DAY AND VARIOUS DAYS OF THE WEEK, TO INCLUDE WEEKENDS.
- Monthly fire drills in all school areas of the facility.
- All drills completed at no less than 100%.

**AUDIT MEASURES:**

- A. Review current plan.
- B. Fire Drill reports showing 100% compliance.

**SEP 10.0: W=4**

AN ANNUAL DISASTER DRILL SHALL BE COMPLETED WITHIN THE LAST 12 MONTHS. THE DRILL MAY BE PRE-PLANNED OR A REAL LIFE EVENT. TRAINING AND DEBRIEFING MUST OCCUR WITH THE FACILITY STAFF TO INCLUDE THE SUCCESSES AND LESSONS LEARNED.

**AUDIT MEASURES:**

- A. Review OF DRILL REPORT.
- B. TRAINING RECORDS.

**SEP 11.0: W=3**

Safety programs manual shall specify the means for the immediate release of juveniles, staff and visitors from locked areas in case of emergency.

**AUDIT MEASURE:**

- A. Documentation of the plan IN THE SAFETY PROGRAMS MANUAL.

**SEP 12.0: W=3**

There shall be written procedures regarding escapes. These procedures shall be reviewed annually and updated, as needed.

**AUDIT MEASURES:**

- A. Documentation of current IMPLEMENTING procedures OR SAFETY PROGRAM MANUAL.
- B. Critical Incident Reports of escapes and attempted escapes in the Colorado TRAILS database, where available.

**SEP 13.0: W=3 (State Facilities Only)**

There shall be written procedures regarding workplace violence. There shall be a Facility appointing authority or designee that has completed Colorado Department of Human Services' Preventing Workplace Violence for Supervisors training, whom shall investigate all alleged workplace violence incidents.

**AUDIT MEASURES:**

- A. Documentation of current procedure.
- B. Staff interview.

**SEP 14.0: W=4**

The facility shall complete a PREA physical plant assessment annually to ensure unobstructed visual sight of secluded areas such as living, programmatic, staff only, and public areas.

**AUDIT MEASURES:**

- A. Annual PREA assessment.
- B. Visual observation.

**SEP 15.0: W=3**

Juveniles shall have access to operable hand washing sinks and showers with temperature-controlled hot and cold running water at a minimum ratio of one shower for every eight juveniles. Water for showers and sinks in juvenile areas shall be tested at least weekly and thermostatically controlled to temperatures ranging from 100 to 120 degrees Fahrenheit.

**AUDIT MEASURES:**

- A. Weekly logs of temperature recordings.
- B. Water temperature check.

**SEP 16.0: W=2**

All facilities with holding/isolation rooms separate from the pod/living unit shall have protocols to ensure that juveniles in such rooms have reasonable access to a restroom and hand sink.

**AUDIT MEASURES:**

- A. Visual inspection.
- B. Implementing procedure.
- C. Juvenile interviews.

**Security and Control**

**SC 1.0: W=4**

In secure facilities, there shall be a 24-hour operated control center for monitoring and coordinating the facility's security, safety, and communications systems. (THIS STANDARD DOES NOT APPLY TO STAFF-SECURE FACILITIES)

**AUDIT MEASURES:**

- A. Shift logs.
- B. Visual observation.
- C. Implementing procedure.

**SC 2.1: W=4**

The facility's perimeter shall be controlled by a means that ensures that juveniles remain within the perimeter and to prevent access by the general public without proper authorization. Perimeter checks shall occur and be documented at least once per day.

**AUDIT MEASURES:**

- A. Visual observation of the practice.
- B. Documentation of the practice.

**SC 3.0: W=3**

The facility shall have a working communication system between the Control Center and juvenile sleeping and living areas, tested weekly to assure operational.

**AUDIT MEASURES:**

- A. Demonstration of system.
- B. Staff interviews.
- C. Documentation of testing.

**SC 4.0: W=3**

The facility shall maintain a daily log on juvenile locations at all times.

**AUDIT MEASURES:**

- A. Daily population reports (In the Colorado TRAILS database, where available).
- B. Shift logs.
- C. REVIEW OF IMPLEMENTING PROCEDURES.

**SC 5.0: W=4**

Juvenile direct care positions shall be located in, and immediately adjacent to, juvenile living and programmatic areas and provide sight and sound supervision to permit staff to hear and respond promptly and appropriately to emergency situations.

**AUDIT MEASURES:**

- A. Critical post assignments.
- B. Visual observation of staff positioning.

**SC 5.1: W=4**

The level of risk determined on the SAB/VV assessment tool, such as vulnerability to victimization; sexually aggressive; and/or violent/aggressive; shall be made available to all staff. Staff shall supervise the juveniles in all programmatic areas (school, dining, unit, etc.), according to the risk information in order to ensure safety.

**AUDIT MEASURES:**

- A. Review of SAB/VV scores.
- B. Interview staff.
- C. Review of IMPLEMENTING procedure.
- D. Visual observation.

**SC 6.0: W=4**

All doors shall be locked and secured at all times.

**AUDIT MEASURES:**

- A. Review implementing procedures.
- B. Staff interview.
- C. Visual observation of practice.

**SC 7.0: W=3**

No juvenile or group of juveniles shall be given control or authority over other juveniles.

**AUDIT MEASURES:**

- A. Juvenile interviews.
- B. Incident Reports.
- C. Grievances.
- D. Visual observation.

**SC 8.0: W=3**

Staff shall maintain a permanent log and prepare shift reports that record the daily programmatic routine activity, such as wake up, meals, education, groups, and visits, as well as emergency situations and unusual incidents. Any variation to the daily schedule shall be documented in the shift log.

**AUDIT MEASURE:**

- A. Daily shift logs.

**SC 9.0: W=2**

Staff shall conduct a daily inspection, including holidays and weekends, of all areas occupied by juveniles. The documentation shall include the current condition of juvenile living and programmatic areas, noted deficiencies and corrective actions taken. Unoccupied areas shall be inspected weekly.

**AUDIT MEASURES:**

- A. Shift log.
- B. Copies of inspection reports.
- C. Implementing Procedures.
- D. Review of maintenance requests.
- E. Visual observation and comparison to facility documentation.

**SC 9.1: W=3**

There shall be a weekly inspection and maintenance of all security EQUIPMENT such as PROTECTIVE AND ADAPTIVE DEVICES, locks, sensors, and control panels, etc. and corrective measures or a work order initiated when necessary.

**AUDIT MEASURES:**

- A. Logs of inspections.
- B. Work order logs.

**SC 10.0: W=3**

The facility shall complete a shift debriefing at the start of each new shift to ensure oncoming staff IS debriefed on the previous shift activity. ALL STAFF SHALL BE PRESENT FOR THE DEBRIEF WHEN POSSIBLE. IF ALL STAFF CANNOT ATTEND, THE LEAD WORKER SHALL ENSURE ALL STAFF RECEIVE THE INFORMATION.

**AUDIT MEASURES:**

- A. Review implementing procedure.
- B. Staff interview.
- C. Visual observation of practice.

**SC 11.0: W=4**

The facility shall have a system for physically counting juveniles outside the facility's perimeter. The system shall include strict accountability for juveniles assigned for court hearings, medical, work and educational release, furloughs, and other approved temporary absences.

**AUDIT MEASURES:**

- A. Implementing Procedures.
- B. Shift reports of juvenile count.
- C. Visual observation of practice.

**SC 11.1: W=3**

There shall be specifics to define how staff shall regulate juvenile movement within the facility.

**AUDIT MEASURES:**

- A. REVIEW Implementing Procedures.
- B. Shift reports of juvenile count.
- C. Visual observation of practice.

**SC 11.2: W=4**

There shall be specific facility procedures consistent with Division of Youth Corrections' policy to govern the transportation of juveniles outside the facility.

**AUDIT MEASURES:**

- A. Implementing Procedures.
- B. Shift reports of juvenile count.
- C. Visual observation of practice.

**SC 12.0: W=4**

There shall be specific facility procedures consistent with Division of Youth Corrections' policy to govern the availability, control, distribution and use of security EQUIPMENT such as PROTECTIVE AND ADAPTIVE DEVICES AND SAFETY knives and the authority required for their access and use.

**AUDIT MEASURES:**

- A. Use of restraint logs.
- B. Incident Reports/Physical Management Reports (In the Colorado TRAILS database, where available).
- C. Visual observations.

**SC 12.1: W=4**

Approved restraint EQUIPMENT shall be applied only in a manner consistent with Division of Youth Corrections' policy and are never applied as punishment.

**AUDIT MEASURES:**

- A. Use of restraint logs.
- B. Incident Reports/ Physical Management Reports (In the Colorado TRAILS database, where available).
- C. Visual observations.

**SC 13.0: W=3**

All incidents as required by Division of Youth Corrections' policies are to be reported electronically or in writing, dated and signed by the staff reporting the incident. Reports are to be completed within the guidelines established by the applicable Division of Youth Corrections' policy. The report is to be placed in the Colorado TRAILS database where available, OR the juvenile's case record and reviewed by the Facility Director OR DESIGNEE and/or the parent agency DIRECTOR OR DESIGNEE to ensure the information provided is clear and accurate.

**AUDIT MEASURES:**

- A. Incident Reports/Critical Incident Reports/informational reports (In the Colorado TRAILS database, where available).
- B. Reviewed and locked in the Colorado TRAILS database.
- C. Action plans AND FOLLOW UP developed, if applicable and closed in a timely manner.

**SC 13.1: W=4**

Random search of juvenile's living and sleeping areas shall be conducted weekly to control contraband and provide for its safe AND LEGAL disposal. Searches shall be unannounced. Juvenile's living and sleeping areas shall be searched at least twice per month.

**AUDIT MEASURES:**

- A. REVIEW Implementing procedures.
- B. Record/documentation of searches of juvenile areas.
- C. INTERVIEW WITH STAFF AND JUVENILES.

**SC 14.0: W=4**

Complete search of all areas accessible by juveniles, not to include juvenile living and sleeping areas, shall be conducted at least once per month to control contraband. There shall be provisions for safe AND LEGAL disposal of all contraband found. Searches shall be unannounced.

**AUDIT MEASURES:**

- A. Implementing procedures.
- B. Record/documentation of search.

**SC 14.1: W=4**

There shall be specific procedures consistent with Division of Youth Corrections' policy to identifying areas that permit the private screening and searching of juveniles as well as specific procedures for conducting strip or pat/frisk searches of juveniles ACCORDING TO PREA GUIDELINES. Staff shall be trained in proper search techniques.

**AUDIT MEASURES:**

- A. Review IMPLEMENTING PROCEDURES.
- B. Staff and juvenile interviews.
- C. Floor plans of the facility.
- D. Visual observation.

**SC 15.0: W=4**

In accordance with Division of Youth Corrections' policy, visual inspection of juvenile body cavities shall only be conducted at a local medical facility by a licensed medical professional and when authorized by facility medical AUTHORITY and the Facility Director.

**AUDIT MEASURE:**

- A. Implementing procedure.

**SC 16.0: W=4**

There shall be specific procedures to govern the control and use of keys.

**AUDIT MEASURES:**

- A. Key control logs.
- B. Visual inspection of key control system.
- C. Implementing procedures.

**SC 17.0: W=4**

There shall be specific procedures to govern the control and safe use of OPERATIONAL tools AND SHARPS.

**AUDIT MEASURES:**

- A. Tool AND SHARP inventories.
- B. Visual observation.
- C. Implementing procedures.

**SC 18.0: W=2**

There shall be specific procedures to govern the use and security of STATE OWNED vehicles.

**AUDIT MEASURES:**

- A. Vehicle Use logs.
- B. Implementing procedures.

**SC 19.0: W=3**

All JUVENILES AND STAFF injured in an incident shall receive medical examination and treatment.

**AUDIT MEASURES:**

- A. Implementing procedure.
- B. Critical Incident Reports/Incident Reports (In the Colorado TRAILS database, where available).

**SC 20.0: W=4**

The use of physical management is to be restricted to instances covered within the force continuum as outlined in Division of Youth Corrections' policy. In no event is physical management justifiable as punishment. A written report is prepared following all uses of physical management and is submitted to administrative staff or designee for review. The written report shall clearly describe the juvenile's behavior that created the risk level to themselves or others requiring physical management. Momentary (as quickly as possible, but not to exceed 5 minutes) utilization of a prone position is permissible to gain physical control of a juvenile.

**AUDIT MEASURES:**

- A. Incident Reports/Physical Management Reports (In the Colorado TRAILS database, where available).
- B. Staff and juvenile interviews.
- C. Review of debriefing reports.

**SC 21.0: W=4**

Specific facility procedures consistent with Division of Youth Corrections' policy shall regulate the possession of weapons of any kind while on facility property. Firearms AND TASERS shall not be permitted in the facility except by law enforcement personnel in emergency situations.

**AUDIT MEASURES:**

- A. Critical Incident Reports/Incident Reports (In the Colorado TRAILS database, where available).
- B. Implementing procedure.
- C. Visual observation.
- D. Floor plans of facility.

**SC 23.0: W=3**

Service providers shall perform work only under the direct and continuous supervision of facility staff in those areas permitting contact with juveniles. This does not include contractors, consultants and volunteers who have been approved for regular and direct contact with juveniles.

**AUDIT MEASURES:**

- A. Implementing procedures.
- B. Visual observation.

**SC 24.0: W=4**

Facilities shall comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) to ensure juvenile Personal Identifiable Information (PII) and Protected Health Information (PHI) is safeguarded at all times from unauthorized persons. Facilities shall assure the following:

- Building perimeter is secure from unauthorized intrusion.
- Office space, electronic equipment, and storage equipment is secured and encrypted when not in use and is key/password controlled.
- Juvenile PHI OR PII is not visible to unauthorized persons.
- If juvenile's PHI or PII has been compromised, staff shall make proper verbal notifications and documentation.

**AUDIT MEASURES:**

- A. Visual inspection.
- B. Informational Incident Report (in the Colorado TRAILS database, where available).

**SC 25.0: W=2**

Facility shall provide seating and writing surfaces for every juvenile using the common area/day room at one time. Furnishings shall be consistent with the security needs of the juveniles.

**AUDIT MEASURES:**

- A. Visual inspection of common area/day rooms.
- B. Visual inspection of furniture.

## MEDICAL SERVICES

### **Medical**

#### **MD 1.0: W=3**

The facility shall have a designated health authority with responsibility for the health care delivery system pursuant to a written agreement, contract, or job description. The health authority may be a physician, health administrator, or health agency. When the authority is other than a physician, final medical judgments rest with a single designated medical authority.

#### **AUDIT MEASURES:**

- A. Copy of health authority's contract and/or job description.
- B. Copy of physician's contract and/or job description and license.

#### **MD 2.0: W=3**

Each policy, procedure, and program in the health care delivery system is to be reviewed by the appropriate health authority and revised if necessary. Medical implementing procedures shall be updated by clinic and physician as needed. Each document shall bear the date of the most recent review or revision and signature of the reviewer and be reviewed annually by the Facility Director.

#### **AUDIT MEASURES:**

- A. Signed and dated copy of review.
- B. Implementing procedure reflects current practice.

#### **MD 3.0: W=2**

If medical services are delivered in the facility or through contract services, the space, equipment, supplies, and materials are to be provided for the performance of primary health care delivery. Space, equipment, supplies, and materials are determined by the responsible physician or lead health care provider and comply with Division of Youth Corrections' policy.

#### **AUDIT MEASURES:**

- A. Space, equipment, supplies and materials reviewed and approved by physician or lead health care provider.
- B. Inspection of medical area.

#### **MD 4.0: W=4**

There shall be unimpeded access to health care and a system for processing complaints regarding health care. These policies shall be communicated orally and in writing to juveniles upon arrival to the facility and are put in a language clearly understood by each juvenile. The health authority SHALL identify and eliminate any barriers to juveniles receiving health care.

#### **AUDIT MEASURES:**

- A. Documented notification of access to medical care and grievance procedures at the time of admission (admission check list, juvenile handbook, etc.).
- B. Documentation of medical request and grievance forms.
- C. Interview juveniles.

**MD 5.0: W=3**

When sick call is not conducted by a physician, a physician shall be available to be on-site weekly if needed, to respond to juvenile complaints regarding service that they did or did not receive from other health care personnel.

**AUDIT MEASURES:**

- A. Physician contract and/or schedule.
- B. List of referrals to physician.
- C. Documentation of physician follow-up (In the Colorado TRAILS database, where available).

**MD 6.0: W=3**

All juveniles SHALL have the opportunity daily to request health care. The requests shall be reviewed and triaged by a health care professional daily during the week and within 72 hours on weekends. Sick call shall be conducted at a minimum of three times weekly by qualified health care professionals in a clinical setting.

**AUDIT MEASURES:**

- A. Medical staff schedule.
- B. Documentation of follow-up by the health care provider to medical requests (In the Colorado TRAILS database, or other medical information documentation charts or logs).
- C. On-call physician contact information.

**MD 7.0: W=4**

Appropriate state and federal licensure, certification or registration requirements and restrictions shall apply to personnel who provide health care services to juveniles. The duties and responsibilities of such personnel shall be governed by written job descriptions approved by the health authority. Verification of current credentials are verified at [WWW.DORA.STATE.CO.US](http://WWW.DORA.STATE.CO.US). Job descriptions shall be on file in the facility.

**AUDIT MEASURES:**

- A. Job descriptions approved by the health authority.
- B. Current copies of professional credentials and licenses, verifiable at <http://www.dora.state.co.us/>.

**MD 8.0: W=3**

Specific policies and procedures shall provide that treatment by health care personnel other than a physician, dentist, psychologist, optometrist, podiatrist, or other independent providers shall be performed pursuant to written protocol or direct orders by personnel authorized by law to give such orders. Nurse practitioners and physician's assistants may practice within the limits of applicable laws and regulations.

**AUDIT MEASURES:**

- A. Copies of written protocol or direct orders.
- B. Documentation of practice consistent with written protocol or direct orders.
- C. Treatment received in a timely manner.

**MD 9.0: W=2**

A history of the juvenile's immunizations shall be obtained when the health appraisal data are collected. Immunizations shall be updated, as required, within legal constraints. Use of CIIS database.

**AUDIT MEASURES:**

- A. Review of health appraisal records, including immunization history (in the Colorado TRAILS database, where available).
- B. Immunization guidelines.
- C. Quality control (90% of committed juveniles current).
- D. Pursuant with CIIS agreement.
  - Signature by guardian for immunizations offers "opt out" clause.
  - Data entered appropriately.
  - Documentation of vaccine information sheet (VIS).

**MD 10.0: W=3**

In facilities housing females, obstetrical, gynecological, family planning, health education and postpartum services shall be provided as needed.

**AUDIT MEASURES:**

- A. Services for females (including curriculums, agreements with providers, and high risk OB care for pregnant juveniles).
- B. Inspection of medical area, if services are provided on-site.
- C. Sample documentation of delivery or other emergency circumstances and postpartum plans of care.

**MD 11.0: W=2**

When medical staff is not present in the facility, a health-trained staff shall coordinate the health delivery services in the facility under the joint supervision of the responsible health authority and Facility Director. When on call medical services are utilized, there is communication to medical clinic staff of incidents and documented follow up.

**AUDIT MEASURES:**

- A. If applicable, job descriptions outlining lines of authority.
- B. Documentation of the process of utilizing on call medical services. For example, "sample" document or comparable (sick call system, screening forms, etc.).

**MD 12.0: W=4**

Consistent with applicable laws and regulations, the proper management of pharmaceuticals shall operate based on guidelines which establish:

- Prescribing practices including a written formulary.
- Procedure for medication receipt, storage, dispensing, labeling, administration, delivery, and disposal, including a system of record keeping which accounts for controlled substances.
- A system of adequate security, storage, and monthly inventory of all medical sharps.
- Specific over the counter items may be kept in a locked system on the living unit and documented per direction of qualified health care provider.

- A process for identifying and correction of medication errors.

**AUDIT MEASURES:**

- Implementing procedures.
- Sample documentation (formulary, logs, inventories, pharmacy reports, other outlet protocols, etc.).
- Review of medication administration system including medication administration records (MAR) and medication packaging system (blister packaging, coin envelopes, etc).

**MD 13.0: W=4**

Psychotropic drugs, such as anti-psychotics or anti-depressants, and drugs requiring parenteral administration shall be prescribed only by a physician or authorized health provider by agreement with the physician, and then only following a physical examination of the juvenile by the health provider. Such drugs shall be administered by the responsible physician, qualified health personnel, or health-trained personnel under the direction of the health authority.

**AUDIT MEASURES:**

- Documentation of the practice (In the Colorado TRAILS database, where available).
- Documentation of the monthly case review in TRAILS with justification to continue medication.
- Prescriber involved in monthly case review.

**MD 14.0: W=4**

The person administering medications shall have training from the responsible physician and/or designee. In addition, this person shall be accountable for administering medications according to labeling instructions and in a manner consistent with policy/procedure and for recording the administration of medications in a manner and on a form approved by the responsible physician.

**AUDIT MEASURES:**

- Review of training documentation (In the Colorado TRAILS database, where available) reflecting a 100% compliance rate.
- Review of medication administration records and medication packaging system reflecting a 96% compliance rate.
- Observation of medication administration practices.
- Documentation and practice as trained in QMAP curriculum.

**MD 15.0: W=3**

Medical, dental and mental health screening shall be performed by health-trained or qualified health care personnel on all juveniles, excluding intra-system transfers, upon a juveniles' arrival to the facility. All findings are to be recorded on a form approved by the medical authority. The screening form SHALL include at least the following:

- Inquiry into:
  - Current illness and health problems, including sexually transmitted and other infectious diseases.
  - Dental problems.

- Mental health problems.
  - Use of alcohol and other drugs, which includes types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and a history of problems that may have occurred after ceasing use (e.g., convulsions).
  - Whether the juvenile is currently on medication.
  - Past and present treatment or hospitalization for mental disturbance or suicide.
  - Other health problems designated by the responsible physician.
- B. Observation of:
- Behavior, which includes state of consciousness, mental status, appearance, conduct, tremor, and sweating.
  - Body deformities, ease of movement, etc.
  - Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse.
- C. Medical disposition of juvenile:
- General population.
  - General population with appropriate referral to health care provider.
  - Referral to appropriate health care service provider for emergency treatment.

**AUDIT MEASURE:**

- A. Review of a significant sample of screening records (In the Colorado TRAILS database, where available) with the date and signature of the health care reviewer.

**MD 16.0: W=3**

A health screening by health-trained or qualified health care personnel shall be conducted immediately upon arrival to the facility for all intra-system transfers, with all findings recorded on a screening form approved by the medical authority. The screening includes at a minimum the following:

- A. Inquiry into:
- Whether the juvenile is being treated for a medical, dental, or mental health problem.
  - Whether the juvenile is presently on medication.
  - Whether the juvenile has a current medical, dental, or mental health complaint.
- B. Observation of:
- General appearance and behavior.
  - Physical deformities, evidence of abuse and/or traumas.
- C. Medical disposition of juvenile:
- General population.
  - General population with appropriate referral to health care provider, or
  - Referral to appropriate health care service provider for emergency treatment.

**AUDIT MEASURE:**

- A. Review of a significant sample of screening records (In the Colorado TRAILS database, where available) with the date and signature of the health care reviewer.

**MD 17.0: W=4**

Dental care shall be provided to juveniles under the direction and supervision of a dentist licensed in the state. This care shall include the following:

- Dental screening upon admission.
- Dental hygiene service within 14 days of commitment, if indicated.
- Dental examinations within seven days of commitment, if indicated.
- Dental treatment, not limited to extraction, when the health of the juvenile would otherwise be adversely affected.
- For detained juveniles, emergency dental care shall be available when such care is required to maintain the health of the juvenile.

**AUDIT MEASURE:**

- A. Documentation of the practice in the Colorado TRAILS database, where available (screening form, dental services provided, etc.).

**MD 18.0: W=3**

Specific policies and procedures shall provide for 24-hour emergency medical, dental, and mental health care availability as outlined in a written plan that includes arrangements for the following:

- On-site emergency first aid and crisis intervention.
- Emergency evacuation of the juvenile from the facility.
- Notification procedures including;
- Use of an emergency medical vehicle.
- Use of one or more designated hospital emergency rooms or other appropriate health care facilities.
- Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community.
- Security procedures providing for the immediate transfer of a juvenile, when appropriate.
- List of S.A.N.E. hospitals if sexual assault has occurred.

**AUDIT MEASURES:**

- A. Copy of plan.  
B. Staff interview.

**MD 19.0: W=4**

Direct Care staff and other personnel shall be trained to respond to health-related situations within a four-minute response time. A training program shall be established by the responsible medical authority in cooperation with the Facility Director that includes the following:

- Recognition of signs and symptoms and knowledge of action required in potential emergency situations.
- Administration of first aid and cardiopulmonary resuscitation (CPR).
- Methods of obtaining assistance.
- Signs and symptoms of mental illness, developmental delay, and chemical dependency.

- Procedures for patient transfers to appropriate medical facilities or health care providers.
- Procedures regarding incident reporting including appropriate notification.

**AUDIT MEASURES:**

- A. List of all staff and copies of current training certificates, which reflect a 90% compliance rate for non-medical professionals. 100% for medical professionals.
- B. Training curriculum (In the Colorado TRAILS database, where available).
- C. Interviewing staff.
- D. Resources available for staff.

**MD 20.0: W=3**

First aid kit(s) and automatic external defibrillator (s) (AED) shall be available. The responsible physician or lead health care provider shall approve the contents, number, location, and procedure for periodic inspection of the kit(s) and AED(s).

**AUDIT MEASURES:**

- A. Documentation regarding location, contents and periodic inspection of first aid kits and AED(s).
- B. Visual check of first aid kits in vehicles.

**MD 22.0: W=3**

A qualified health care provider shall develop written individual medical treatment plans for juveniles with special health care needs, which may include discharge planning. The plan includes directions for medical and non-medical personnel regarding their respective roles in the juvenile's care and supervision, short and long-term goals, specific therapy, and necessary rehabilitation referral services.

**AUDIT MEASURES:**

- A. Medical chart documentation in the Colorado TRAILS database, where available (special health programs/individual treatment plans).
- B. Sample coordination documentation with non-medical personnel (kitchen staff, education staff, etc.).
- C. Evidence that the parent(s)/legal guardian(s) were notified of the medical needs of the juvenile.
- D. Evidence that follow-up medical appointments were scheduled as necessary.
- E. Committed discharged juveniles only are released with a 5 days' supply and a written prescription for 30 days' supply of medications.

**MD 24.0: W=3**

Policies and procedures shall address the actions taken for communicable and infectious diseases. These policies and procedures shall be updated as new information becomes available. Agencies should work with the responsible health authority in establishing policies and procedures that include the following:

- An ongoing education program for staff (Universal Precautions) and juveniles (STD/HIV Education).
- Control, treatment, and prevention strategies that may include screening and testing, counseling, medical attention, referral and/or special housing arrangements, as appropriate.
- Protection of individual confidentiality.

- Reporting, as outlined and required by the state health department.
- When and where juveniles are to be tested.
- Appropriate safeguards for staff and juveniles.
- School curriculum or presentations.
- Pamphlets available for the juveniles.

**AUDIT MEASURES:**

- A. Education curriculums and/or educational material available for juveniles.
- B. Staff training certificates.
- C. Juvenile training documentation.
- D. Screening and testing documentation (In the Colorado TRAILS database, where available).
- E. Consent, confidentiality, and reporting guidelines.
- F. Observation of practice.

**MD 25.0: W=3**

There shall be a medical examination of any staff or juvenile suspected of a communicable disease.

**AUDIT MEASURE:**

- A. Policy, procedure and practice.

**MD 26.0: W=3**

All informed consent standards in the jurisdiction shall be observed and documented for medical care. The informed consent of parent, guardian, or legal custodian shall apply when required by law. When health care is rendered against the juvenile's shall, it shall be in accordance with state and federal laws and regulations.

**AUDIT MEASURES:**

- A. Sample documentation (forms).
- B. Applicable statutes.
- C. Quality control (percentage of forms obtained).
- D. Documentation in TRAILS of verbal consent from legal guardians for specific medical care.

**MD 27.0: W=2**

Under no circumstances shall a procedure be performed or a drug administered for purposes of program management and control or for purposes of experimentation and research.

**AUDIT MEASURE:**

- A. Clear policy statement and observation of practice.

**MD 28.0: W=3**

There shall be notification of a juvenile's parents/guardians and the responsible agency in case of serious illness, surgery, injury, or death.

**AUDIT MEASURES:**

- A. Documentation of the practice (In the Colorado TRAILS database, where available).
- B. Incident reports, medical chart note.

**MD 29.0: W=4**

Within 7 days a medical record shall be developed for every detained juvenile following the initial health care encounter and shall include, at a minimum, the health appraisal. All detained juveniles shall receive a health screen upon admission, which shall be reviewed by medical at the next shift. When a juvenile is committed, the medical record shall include the following, when applicable:

- A confidentiality statement on the outside of the folder.
- Medical summary.
- Progress notes.
- Health appraisal and history.
- Review of systems and physical exam.
- Medication sheet.
- Laboratory, x-ray, and diagnostic reports.
- Consultation reports.
- Dental records.
- Psychiatric records.
- Consent forms.
- Information request and release.
- Critical information advisement.
- Refusal against advice.
- Miscellaneous (special health care plans, special diet order, emergency room reports, etc.).
- Signatures and titles of qualified medical/mental health documenters.

The method of recording entries in the records, the form and format of the records, and the procedures for their maintenance and safekeeping shall be approved by the medical authority.

**AUDIT MEASURE:**

- A. Review of the medical records (In the Colorado TRAILS database, where available).

**MD 30.0: W=4**

The principle of confidentiality of the medical record shall be upheld and supported through the following requirements:

- The active medical record is maintained separately from the juvenile's master file.
- The medical records are marked confidential and stored in a way which assures that they remain confidential and secure.
- The medical record contains appropriately signed release records, when indicated.
- Access to the medical record is controlled by the health authority.
- The health or medical authority or lead health care provider shares with the Facility Director information regarding a juvenile's medical management, security, and ability to participate in programs.
- PAPER COPIES SHALL BE SCANNED INTO E.D.W. WITHIN 7 DAYS AND SHREDDED PROMPTLY FOLLOWING SCAN.

**AUDIT MEASURE:**

- A. Review of the medical records (In the Colorado TRAILS database, where available).
- B. Dates of documents entered into the E.D.W.
- C. Confidential documents are shredded or locked in cabinets, unobtainable from the public

**MD 31.0: W=3**

Whenever a juvenile is transferred to a private residential contract facility, a medical summary that is accurate and up-to-date prepared by medical staff shall accompany or follow the juvenile to the receiving facility's medical staff. If the juvenile is being transferred to a Division of Youth Correction's facility, the juvenile's complete medical record shall accompany or follow the juvenile to the receiving facility's medical staff. When applicable, the critical advisement form shall accompany all juveniles being transferred to another facility.

**AUDIT MEASURES:**

- A. Documentation of transfers (In the Colorado TRAILS database, where available).
- B. Medical summary documentation (In the Colorado TRAILS database, where available).
- C. Implementing procedure.

**MD 32.0: W=2**

Arrangements shall be made with health care specialists in advance of need.

**AUDIT MEASURES:**

- A. Agreements/contracts with health care specialists.
- B. Proof that contracted providers are being used, or there is a document of exemption available.

**MD 33.0: W=3**

Policies and procedures shall specify approved actions to be taken by staff concerning juveniles who have been diagnosed HIV positive.

**AUDIT MEASURE:**

- A. Review of policy and procedure.

**MD 34.0: W=3**

A routine health appraisal shall be conducted by a health care provider on juveniles within SEVEN days of admission into the Division of Youth Corrections' system. Health appraisals SHALL be conducted before seven days if determined necessary by the health care provider reviewing the health screen. Juveniles that are transferred within Division of Youth Corrections' facilities who had a health appraisal completed within 90 days shall have the health appraisal reviewed by the health care provider and updated if deemed necessary by the health care provider.

**AUDIT MEASURE:**

- A. Review of health appraisal records (In the Colorado TRAILS database, where available) which reflect a 90% compliance rate.

**MD 35.0: W=3 (Treatment Facilities Only)**

A physical examination shall be conducted during assessment on all juveniles within 30 days commitment. The exam shall be conducted and recorded on a standardized form by qualified medical providers.

**AUDIT MEASURE:**

- A. Review of physical examination records (In the Colorado TRAILS database,

where available).

**MD 36.0: W=4**

Medical orders for referrals for specialty services shall be processed in an appropriate time based on their condition (urgent, emergent, or chronic care). Appropriate time varies based on urgency, and SHALL follow expected timelines in community practice to avoid further harm.

**AUDIT MEASURES:**

- A. Review of initial notes into Colorado TRAILS database and/or medical chart.
- B. Review obtaining authorization.
- C. Review of transportation services.
- D. Review of medical consultant's report.
- E. Consultant's orders were addressed (test, medication follow-up with further procedures and documentation if it is not going to be completed).

**MD 37.0: W=4**

There is a documentation trail of medical procedures such as wound care, diabetic testing, nebulizer treatment and medication prescriptions.

**AUDIT MEASURES:**

- A. Observation of juveniles medical needs.
- B. Review of medical equipment/medication stored in the residential units.
- C. Random review of prescribed medication to assure the treatment matches the diagnosis.

**MD 38.0: W=4**

There is documentation for juveniles who refuse health evaluations and/or medical treatments.

**AUDIT MEASURES:**

- A. Description of the nature of service being refused.
- B. Evidence that the juvenile has been made aware of any consequences to their health that may occur as a result of the refusal.
- C. The signature of the juvenile refusing the treatment.
- D. The signature of the medical provider and a facility based witness.
- E. There is evidence that the parent(s)/legal guardian(s) are informed if appropriate.
- F. Documentation by the witness in the event that the juvenile refuses to sign the refusal acknowledgement.

**MD 39.0: W=3**

On site diagnostic services are registered or otherwise meet applicable state and federal laws.

**AUDIT MEASURES:**

- A. Dental x-ray equipment meets all licensing requirements.
- B. Medical clinics utilize multiple-test dipstick urinalysis, glucometers, peak flow meters, stool blood testing material, koh, microscopes and slides and pregnancy tests.

**MD 40.0: W=4**

All facilities shall be in compliance with the Health Insurance Portability and Accountability Act (HIPAA). To include but not be limited to privacy of juveniles, secure medical fax machine, proper releases of information obtained, access to medical information limited to those that need to know.

**AUDIT MEASURES:**

- A. Visual observation.
- B. Review of records.

**MD 41.0: W=4**

All juveniles involved in a physical management shall be evaluated by medical staff for injury as soon as possible.

**AUDIT MEASURES:**

- A. Documentation in TRAILS.
- B. Review of records.

**MD 42.0: W=4**

An annual code blue drill shall be conducted. The drill shall be developed in advance with medical staff and the facility fire marshal, and shall include the participation of as many staff as possible. The drill shall be debriefed with all facility staff within 30 days of completion. ACTUAL MEDICAL EMERGENCY SITUATIONS MAY NOT BE USED AS A CODE BLUE DRILL.

**AUDIT MEASURES:**

- A. Documentation of actual code blue drill, TO INCLUDE THE DESCRIPTION OF EVENTS AND STAFF THAT ATTENDED.
- B. Documentation of debrief.
- C. Implementing procedure.

**MD 43.0: W=4**

There shall be specific procedures to govern the control and safe use of MEDICAL tools AND SHARPS.

**AUDIT MEASURES:**

- A. Tool AND SHARP inventories.
- B. Visual observation.
- C. Implementing procedures.

### **Clinical**

#### **CS 2.1: W=2**

In the event of a traumatic incident (for example, a completed suicide or injury resulting in loss of limb for either staff or juveniles) a team trained in critical incident stress management external to the facility (either Division of Youth Corrections' specially trained staff or an outside agency) shall be asked to provide critical de-briefing to help staff and juveniles as necessary. The best time period for this de-briefing is no more than 72 hours after the incident.

#### **AUDIT MEASURES:**

- A. Review of facility of program policies and procedures including the identification of the team/agency.
- B. Review of Critical Incident Reports and any documentation related to de-briefings.
- C. Staff and juvenile interviews.
- D. Review of contract when available, with local mental health agency where applicable.

#### **CS 3.0: W=4**

Screening of juveniles for suicide potential, substantial symptoms of emotional disturbance and/or a pattern of use of substances shall be provided at each facility, and as frequently as needed. Documentation shall be on appropriate forms which include, but are not limited to the MAYSI-2, SIRS-R, and extended assessment form. Suicide risk re-evaluation for juveniles placed on SPM shall be conducted at a minimum of three times a week by a qualified staff as defined in division of youth corrections' policy. Following a face-to-face interview, there shall be clear documentation with the date and time when a juvenile is terminated from SPM observations. There shall be a written suicide prevention action plan that is in agreement with the Division of Youth Corrections' policy.

#### **AUDIT MEASURES:**

- A. Review of policies and procedures.
- B. Review of written and approved suicide prevention and intervention program plan (In the Colorado TRAILS database where available).
- C. Documentation of referral and responses, forms, logs (In the Colorado TRAILS database where available).
- D. Documentation of prevention and intervention practices.
- E. Documentation of Critical Advisement Form if juvenile is transferred to/from another facility.
- F. Termination plan is documented in TRAILS database where available or hard copy.
- G. Review of Suicide Precaution Monitoring Form.
- H. Review of youth at minimum of three times weekly by mental health professionals or trained staff member per Division of Youth Corrections' policy.

#### **CS 3.1: W=3**

There shall be a minimum of one note per shift with a focus on suicide precaution monitoring for juveniles on suicide precaution monitoring per the action plan that is in agreement with the Division of Youth Corrections' policy.

**AUDIT MEASURES:**

- A. Documentation of Critical Advisement Form if juvenile is transferred to/from another facility/program.
- B. Documentation of the Extended Assessment form.
- C. Review of each shift note with focus on “suicide watch” in TRAILS or hard copy.

**CS 3.2: W=3**

There shall be room check/observation sheets documenting the appropriate time check intervals per the action plan of juveniles on suicide precaution monitoring that is in agreement with the Division of Youth Corrections’ policy.

**AUDIT MEASURES:**

- A. Review of suicide precaution monitoring forms, room check sheets, and observation forms.
- B. Documentation of critical advisement form if juvenile is transferred to/from another facility/program.

**CS 4.0: W=4**

There shall be a system of care that shall determine the need for psychiatric hospitalization. A method for emergency transfers to psychiatric hospitals shall be detailed in the policies and procedures for both detained and committed populations.

**AUDIT MEASURES:**

- A. Review of procedures for most current copies.
- B. Interview of personnel responsible for implementation.
- C. Review of necessary documentation including Executive Transfer Form.

**CS 4.1: W=4 (Treatment Facilities Only)**

All behavioral health Services shall be provided by qualified staff and behavioral health professionals (e.g., psychiatric nurses, psychiatrists, psychologists, social workers, certified or licensed substance abuse addiction counselors, SOMB approved treatment providers, etc.) All behavioral health providers shall function within the scope of their education, ethical guidelines, training, and license or certification.

**AUDIT MEASURES:**

- A. Job descriptions of clinical service providers.
- B. Licenses and credentials of clinical service providers. If unlicensed, copy of degree and/or transcript.
- C. Proof of license in personnel file and/or DORA website or a copy of the SOMB letters designating current status.

**CS 4.2: W=2 (Treatment Facilities Only)**

Behavioral health services shall have a complete description of treatment objectives and targeted audience (individual, group, family, gender specific, offense specific, etc.) to determine progress of juvenile and frequency of activity. The description of the activity/curriculum should include written philosophies, research and theories guiding the treatment and programming (best practice, evidence based, strength based, gender responsive and culturally competent). Within Division of Youth Corrections' facilities, the Clinical Director shall oversee treatment programs in conjunction with the Division's specialized Behavioral Health Coordinators. For contract programs, the contractor designates the Program Supervisor.

**AUDIT MEASURES:**

- A. Review program/activity/curriculum descriptions.
  - Juveniles who commit sex offenses services meet SOMB standards.
  - Substance abuse curriculum DBH approved.
  - Curriculum is based on evidence based principles best or promising practices.
- B. Observe treatment services.
- C. Staff and juvenile interviews.
- D. Review of juvenile's individual portfolio.
- E. Review of contract.

**CS 5.0: W=4 (Treatment Facilities Only)**

All treatment, to include transition, shall be documented in the Colorado TRAILS database where available or a formal facility approved hardcopy format. Treatment notes need to state, at a minimum, date of contact, duration of contact in minutes, domain of the contact during individual, group, family treatment/transition services. Treatment entries in the juvenile's files shall be dated and legibly identified by the first initial and last name of staff. The content of the treatment note shall clearly reflect the specific objectives identified on the juvenile's ITP.

**AUDIT MEASURES:**

- A. Review of mental health and psychiatric treatment notes documented in Colorado TRAILS database where available or in a hardcopy format.
- B. Review of treatment documentation reflects individualized goals/objectives stated in juvenile's treatment /transition plan.
- C. Certificates of attendance or completion of individual participation in treatment/curriculum provided to juvenile and documented.
- D. Review of juvenile's individual portfolio.

**CS 5.1: W=3 (Treatment Facilities Only)**

Juveniles shall receive a minimum of three 50 minute (or aggregate thereof) individual counseling sessions per month for an aggregate total of 150 minutes. The sessions shall include a minimum of two individual sessions and one family session per month. Exceptions are justified by clear and substantiated evidence and documented in the individual treatment plan.

**AUDIT MEASURES:**

- A. Review of implementing procedures.
- B. Interviews with juveniles.
- C. Review of juvenile's portfolio and/or chart/treatment file.
- D. Review of treatment documents of individual/FAMILY sessions.

- E. Review of Colorado TRAILS database where available or hard copy.
- F. Review of individual treatment plan for documented exceptions.
- G. Interview of behavioral health specialists for exceptions.

**CS 5.2: W=3**

Procedures shall provide for a means of referring juveniles for assessment for psychotropic medication. There shall be documentation of who was responsible for submitting the referral, what action was taken, and who was notified of the action. The referral protocol shall exist and identify what other interventions have occurred.

**AUDIT MEASURES:**

- A. Review of procedures.
- B. Interview with medical staff, clinical staff and pod staff.
- C. Review of files, existing forms, Colorado TRAILS database, and staff logs.

**CS 5.3: W=3 (Treatment Facilities Only)**

Juveniles shall receive a minimum of one 50-minute family session per month. Exceptions are justified by clear and substantiated evidence and documented in the individual treatment plan.

**AUDIT MEASURES:**

- A. Review of implementing procedures.
- B. Interviews with juveniles.
- C. Review of juvenile's portfolio and/or chart/treatment file.
- D. Review of treatment documents including family sessions.
- E. Review of Colorado TRAILS where available or hard copy format.

**CS 5.4: W=3 (Treatment Facilities Only)**

Juveniles shall receive a minimum of two group sessions per week, psycho-educational and/or process-oriented. Exceptions are justified by clear and substantiated evidence and documented in the individual treatment plan.

**AUDIT MEASURES:**

- A. Review of implementing procedures.
- B. Interviews with juveniles.
- C. Review of juvenile's portfolio and/or chart/treatment file.
- D. Review of treatment documents including group sessions.
- E. Review of Colorado TRAILS where available or hard copy format.

**CS 5.5: W=3 (Treatment Facilities Only)**

All treatment services, individual, group, and family, shall be documented in the Colorado TRAILS database where available or hard copy. The DAP or SOAP format shall be used. The documentation shall be completed by the end of the next shift.

**AUDIT MEASURES:**

- A. Review of trails documentation as applicable.
- B. Review of hard copy documentation as applicable.

**CS 5.6: W=3 (Treatment Facilities Only)**

Prior to the initiation of services, juveniles shall have completed proper consent forms, disclosure forms and/or release of information forms including signature.

**AUDIT MEASURE:**

- A. Review of file.

**CS 7.0: W=3 (Treatment Facilities Only)**

For juveniles undergoing assessment and/or are awaiting placement, the facility shall initiate a program of services that may include the following:

- Evidence based cognitive behavioral curriculum.
- Restorative Community Justice.
- Skill building groups e.g., life skills, anger management, problem solving, pro-social activities, etc.
- Gender responsive groups.
- Introduction to treatment, e.g., stages of change model, exploration of goals and barriers to success, etc.
- Transition, both entry and exit.
- Individualized sessions.
- Non-residential services.

**AUDIT MEASURES:**

- A. Review of list of services available to juveniles.
- B. Review of juvenile files (In the Colorado TRAILS database, where available) which document provision of services.
- C. Interviews with juveniles.

**CS 8.0: W=3 (Treatment Facilities Only)**

The Individualized Treatment Plan shall be completed 30 days after the date of intake into the treatment program. The Treatment Plan should be consistent with the Division of Youth Corrections' Integrated Assessment and the Discrete Case Plan goal identification, including criminogenic needs, strengths and protective factors.

**AUDIT MEASURES:**

- A. Review of policies and procedures.
- B. Review of Division of Youth Corrections' Integrated Assessment and initial DCP.
- C. Review Individual Treatment Plans, including clinical transition services.
- D. Review of date of completion of DCP.
- E. Review of facility documentation requesting the DCP.

**CS 8.1: W=3 (Treatment Facilities Only)**

Individualized Treatment Plans shall consist of goals and objectives. The objectives shall be specific (a narrow focused task), measurable (the ability to demonstrate or quantify progress), attainable (the ability to be reached based on the capabilities and resources of the juvenile within the timeframe provided by the clinician), realistic (achievable taking into account the limitations and resources of the environment), and in a language that the juvenile understands. When applicable, objectives shall have an estimated time of completion.

**AUDIT MEASURES:**

- A. Interviews with juveniles.

- B. Review of Individual Treatment Plans.
- C. Interviews with clinical and milieu staff.

**CS 10.0: W=3 (Treatment Facilities Only)**

A collaborative review team shall review the juvenile's individual treatment plan monthly. The review should reflect the level of progress/regression of treatment objectives, recommendations regarding objectives and all parties involved with the juvenile's treatment during the past month. In the event a party representing a specific discipline is not available, i.e. medical, food services, psychiatric, the signature page should denote how information was accessed or why it is not available. Documentation shall be the monthly summary.

**AUDIT MEASURES:**

- A. Review of policies and procedures.
- B. Review Individual Treatment Plans.
- C. Verification of Collaborative Review Team member signature page.
- D. Review of juvenile's files and documentation of Collaborative Review Team (In the Colorado TRAILS database, where available).
- E. Review of treatment notes indicating level of progress/regression denoted on review specific to treatment goals and objectives and recommendations to modify treatment objectives.
- F. Review the Division of Youth Corrections' integrated assessment and monthly DCP reviews.
- G. Review of documentation verifying contacts with Client Managers regarding the ongoing reassessment of the juvenile.
- H. Interviews with juveniles.

**CS 13.0: W=3**

Treatment services shall be delivered in a way that is understandable to the juvenile, based on data from psychological, neuropsychological and educational assessments. Treatment tasks shall be structured in a format that the juvenile can complete. (e.g., lecture shall not be considered an appropriate method if a juvenile has a receptive language problem. Asking the juvenile to write extensively in a journal shall not be appropriate if a juvenile has an impaired ability to write and/or cannot write. Presentation of complex material must be broken down to very simple steps for juveniles who have limited academic intelligence).

**AUDIT MEASURES:**

- A. Review of juvenile's files with identified learning disabilities, specifically Division of Youth Corrections' Assessments, DCP's, IEP's and Treatment Plans for special accommodations to include developmental delays and disorders that impact the juvenile's ability to focus in treatment services.
- B. Interviews with juveniles with identified learning disabilities.
- C. Interview with staff.
- D. Review of juvenile's files (In the Colorado TRAILS database, where available) for treatment documentation.
- E. Discuss with special education staff and special education auditor what integrated services exist or should exist.
- F. Process in place to notify milieu staff, CRT.

**CS 14.0: W=3**

A plan shall be developed for juveniles demonstrating a pattern of misuse with prescribed medication. The plan shall be individualized, including incremental behavioral steps. Information shall be documented in Colorado TRAILS database where available or a formal written plan to ensure continued monitoring as the juvenile transfers to another facility.

**AUDIT MEASURES:**

- A. Review of plan (documented in the Colorado TRAILS database, Medical Soap Note, DAP Note and/or Critical Advisement Form).
- B. Staff and juvenile interviews.
- C. Review of medication dispensing forms and check for pattern of meds refused. Check for follow up by mental health psychiatry on med refusals.

**CS 14.1: W=3**

Implementing procedures shall include individualized plans for juveniles demonstrating a pattern of misuse of prescribed medication. Plans shall include incremental behavioral steps and follow-up with prescriber.

**AUDIT MEASURE:**

- A. Review of facility implementing procedures.

**CS 16.0: W=4**

If while detained/committed a juvenile suspected of being a potential/documented sexual victim or a potential/documented sexual aggressor at any time (whether in the facility or on temporary leave from the facility) the juvenile shall be re-assessed using the SAB/VV/Overall Risk Assessment Tool. If the juveniles' initial assessment score was "yes" for vulnerability to victimization, sexually aggressive, or violent/aggressive or if the reassessment score becomes "yes" for any of these areas, interventions shall be implemented to mitigate the identified risk and ensure the safety of the juvenile and others, such as referral to behavioral health specialist, special management program, or safety plan.

**AUDIT MEASURES:**

- A. Juvenile files.
- B. Colorado TRAILS Database.
- C. Staff interviews.
- D. Review interventions as appropriate.

**CS 17.0: W=4**

Juvenile victims AND SEXUAL AGGRESSORS of non-consensual sex, abusive sexual contact or staff sexual misconduct shall be referred to a mental health specialist.

**AUDIT MEASURES:**

- A. Juvenile files.
- B. Colorado TRAILS Database.
- C. Staff interviews.
- D. Review of documentation of follow-up.

CS 18.0: W=2 (Treatment Facilities Only)

Supervision of licensed and unlicensed staff providing treatment services for juveniles shall be provided in accordance with appropriate professional disciplines and clearly documented.

**AUDIT MEASURES:**

- A. Review of implementing procedures.
- B. Review of system tracking supervision.

CS 19.0: W=3 (Treatment Facilities Only)

Specific policy and procedures shall provide that all juveniles receive transition services appropriate to their individual needs, CRT, CJRA, DCP, clinical needs and discharge plan at a minimum of 60 days prior to their release to the community. The plan shall specify living arrangements, community activities, employment, mental health resources and education when applicable. All transition services provided shall be measurable and include frequency, duration of services and expected outcome. Services shall be documented AS PART OF THE TREATMENT PLAN.

**AUDIT MEASURES:**

- A. Facility program description.
- B. Transition plan/DCP/CJRA/monthly reviews.
- C. Staff and juvenile interviews.
- D. Interview with Client Manager when possible.
- E. Temporary release forms REVIEW OF COLORADO TRAILS DATA BASE  
WHERE AVAILABLE REVIEW OF TREATMENT PLAN ON COLORADO  
TRAILS DATABASE WHERE AVAILABLE OR HARD COPY.

## EDUCATION

### **ED I -- Accreditation and Certification (Treatment Facilities Only)**

#### **ACI 1.0: W=4**

Educational supervisors, teachers, and educational diagnosticians are licensed by the Colorado Department of Education (CDE).

#### **AUDIT MEASURES:**

- A. Copy of licenses.
- B. Department of Education approval.
- C. Alternative licensed teachers are eligible to teach with an approved statement of eligibility and an alternative license is in process at Colorado Department of Education.

#### **ACI 3.0: W=4**

All education staff are appropriately assigned work in accordance with their Colorado license(s) and in compliance with No Child Left Behind (NCLB) and Individuals with Disabilities Education Act Legislation (licensed special education teachers, licensed substitute teachers, licensed regular and vocational teachers assigned to instruct students with disabilities). Highly qualified shall be audited in accordance to the Colorado Department of Education Guidelines.

#### **AUDIT MEASURES:**

- A. Documented acceptance of highly qualified status. (School Districts review and qualify district run schools on 24 credit hours in core content areas. State schools receive highly qualified status of 24 credit hours through the Division of Youth Corrections' Central Education Office).
- B. Documented results of place or praxis tests.

#### **ACI 4.0: W=4**

Teachers hired to perform special education duties who are not endorsed/licensed in special education must hold a current Special Education Eligibility (SEE).

#### **AUDIT MEASURE:**

- A. Copy of temporary teaching eligibility application packet.

### **ED II -- Staff Development (Treatment Facilities Only)**

#### **SDI 2.0: W=3**

There shall be an annual school development plan, which includes measurable (the ability to demonstrate or quantify progress) goals and objectives that drives ongoing program development. Documented progress made towards goals shall be completed on a quarterly basis not to exceed every three months.

#### **AUDIT MEASURES:**

- A. Documentation of school improvement plan for current and previous year.
- B. Documentation of quarterly progress on annual goals.

### **ED III -- Program Services (Treatment Facilities Only)**

#### **PSI 1.0: W=3**

All education classes shall have a minimum of one teacher for every fifteen students. Individual student classes must match TRAILS classes where TRAILS is available, with 95% accuracy of all reviewed classes scheduled. TRAILS INPUT MUST FOLLOW DIVISION OF YOUTH CORRECTIONS EDUCATION ESTABLISHED BUSINESS PRACTICES

#### **AUDIT MEASURES:**

- A. Class rosters.
- B. School schedule.
- C. Written rationale.
- D. Classroom observation.
- E. TRAILS database.
- F. TRAILS MONITORING THROUGHOUT FISCAL YEAR.

#### **PSI 1.5: W=3**

Schools shall provide an annual calendar reflecting a minimum of 1080 hours of credit earning classes with educational programming provided 12 months of the year.

#### **AUDIT MEASURE:**

- A. Annual School calendar.

#### **PSI 2.0: W=4**

Special education and all federally funded programs must be in compliance with federal law and state requirements.

#### **AUDIT MEASURES:**

- A. File review.
- B. School schedules.
- C. Title I school wide plan.

#### **PSI 4.0: W=4**

There is a written, COLORADO standards-based curriculum with course descriptions supported by appropriate materials and classroom resources. All courses offered shall have written COLORADO standards based curriculum as appropriate to age, assessed need, and length of stay.

#### **AUDIT MEASURE:**

- A. Curriculum guide.

#### **PSI 5.0: W=3**

An individualized program is available for all post-secondary students. Options shall include college preparatory courses, post-secondary classes, vocational work experience, or other documented services that meet the needs of the student's goals towards post-secondary education or career choice. Results from the work keys/TRAIN assessment shall be used to place students in remedial classes if needed to meet their career goal. If scores on the post-secondary contract show required classes needed for the career choice then documentation of completion at the level of key train is required for career choice or retest of work keys after 6 months is required. All documentation must be put on the Division of Youth Corrections' post-secondary contract AND UPDATED AS NEEDED. The plan must be developed within 30 calendar days of entering the

student's treatment placement OR 30 calendar days after completing their GED or high school diploma. Division of Youth Corrections' post-secondary contracts shall be kept in individual student files or in an electronic format that is easily accessible.

**AUDIT MEASURES:**

- A. Completed Division of Youth Corrections' post-secondary contract.
- B. Student schedule.
- C. Work keys/TRAIN results.

**PSI 5.1: W=3**

Facilities shall request all school transcripts from the date a student turns fourteen and within 30 days of the student's treatment placement. Graduation plans shall reflect all high school credits earned and credits needed to meet graduation requirements used by the facility. Graduation plans shall be used for academic placement into classes reflecting individualized course needs. Graduation plans shall be updated at the end of each grading period and kept in individual student files or in an electronic format that is easily accessible. QYH reports shall be pulled from TRAILS and used to determine transcript requests. Based on the QYH report documentation is required of student school history to include gaps greater than 15 days and kept in individual student files along with transcripts received. A process must be in place to document transcript requests, to include ongoing requests if needed. All transcripts not received within 30 days needs to have documentation of notifying the school principal to assist in obtaining records.

**AUDIT MEASURES:**

- A. Documentation of requests (ongoing if needed).
- B. Copies of transcripts.
- C. Documentation of graduation plans.
- D. Individual student schedules.
- E. QYH report.

**PSI 6.0: W=3**

Facility transcripts shall document all credits/hours earned for a length of stay greater than fifteen school days. Transcripts are sent to client managers and receiving educational placements, when known, within five business days after a student's release. In addition, Division of Youth Corrections' State facilities shall send transcripts monthly to the Division of Youth Corrections' Central Education Office.

**AUDIT MEASURES:**

- A. Copy of transcripts.
- B. Fax notices.
- C. Email documentation.

**PSI 8.0: W=4**

All students have access to educational services and curriculum. Each student with a modified educational program requires daily documentation of services ON THE REQUIRED DIVISION OF YOUTH CORRECTIONS' OUT OF SCHOOL DOCUMENTATION FORM. Juveniles who are placed on a special management program that interferes with their regularly scheduled school program must include educational materials as closely related to what they would receive in the classroom.

Daily documentation, including specific work assigned and progress made and/or grade received SHALL be kept in student's file, on Colorado TRAILS, when available, or in an electronic format that is easily accessible.

**AUDIT MEASURES:**

- A. ONGOING Written documentation.
- B. Juvenile interviews.
- C. COMPLETED DIVISION OF YOUTH CORRECTIONS DOCUMENTATION FORM.

**PSI 8.5: W=3**

Classroom instruction provides a positive learning environment as evidenced by the following:

- Unit lesson plans.
- Student participation (listening, working on assignments, interacting in group assignments or discussion, etc.).
- Teacher interaction (directing instruction, working with students, answering questions, moving around the room, etc.).
- Multi-media approach.
- Classroom management (written or verbal rules and incentives).

**AUDIT MEASURE:**

- A. Classroom observation.

**PSI 9.5: W=3**

**This standard is a CDE mandate; however, it is currently suspended due to Internet security.**

All students 14 years and older shall have a college in Colorado account assigned and an ICAP plan started within 30 days of entry into their treatment program. The ICAP plan is reviewed at least quarterly and documentation is kept in individual student files.

**AUDIT MEASURES:**

- A. Documentation in student files.
- B. Review of professional ICAP account.

**PSI 10.0: W=3**

Evidence is available within the facility that addresses academic intervention, using response to interventions process, for any student struggling with the curriculum BASED ON STANDARDIZED TEST DATA. STUDENTS WITH SCORES DOCUMENTING GREATER THAN 3 GRADE LEVEL DEFICIENT FROM EXPECTED GRADE LEVEL FOR AGE MUST RECEIVE THE FOLLOWING:

- 1) CLEARLY WRITTEN AND MEASUREABLE GOAL(S)
- 2) IDENTIFIED INTERVENTIONS
- 3) DOCUMENTATION OF SUCCESS AND/OR CHANGES TO INTERVENTIONS AS DEMONSTRATED BY PROGRESS MONITORING DATA. MUST BE DOCUMENTED AT A MINIMUM OF EVERY 30 DAYS.

RESPONSE TO INTERVENTION PROCESS MUST BE IMPLEMENTED FOR ALL SECONDARY STUDENTS WHO MEET THE 3 GRADE LEVEL CRITERIA WITH AN

EXPECTED LENGTH OF STAY GREATER THAN 3 MONTHS. DOCUMENTATION SHALL BE KEPT IN INDIVIDUAL STUDENT FILES OR IN AN ELECTRONIC FORMAT THAT IS EASILY ACCESSIBLE. IN ADDITION, A LIST OF STUDENTS WHO RECEIVED INTERVENTION SERVICES SHALL BE TRACKED AND DOCUMENTED FOR THE SCHOOL YEAR.

**AUDIT MEASURES:**

- A. STANDARDIZED TEST DATA.
- B. Forms showing the goal(s), intervention(s), and monitoring progress.
- C. List of students who received services.

**ED IV -- Library Services (Treatment Facilities Only)**

**LSI 1.0: W=3**

The library is available to all students on a weekly basis.

**AUDIT MEASURE:**

- A. Library schedule.

**LSI 2.1: W=2**

The library is staffed by a librarian or a person who has received documented library training.

**AUDIT MEASURE:**

- A. Documentation of training.

**LSI 3.0: W=2**

Results of an annual library survey of staff and students that is utilized to determine types of materials and services appropriate to the population.

**AUDIT MEASURES:**

- A. Summarized report of survey results.
- B. Interviews with library personnel.

**LSI 4.0: W=3**

A written policy defines the criteria used to select library materials and the process, which addresses opposition to any materials existing in the library collection.

**AUDIT MEASURE:**

- A. Written policy.

**ED V -- Transition (Treatment Facilities Only)**

**TNI 1.0: W=2**

Evidence of community involvement within the facility that enhances a minimum of one academic and one vocational programming speaker quarterly and is documented.

**AUDIT MEASURES:**

- A. Written documentation.
- B. Calendar of speakers.

**TNI 3.0: W=3**

Students are engaged in learning through technology enhanced instruction and have the opportunity to engage in computer literacy curricula if required for graduation.

**AUDIT MEASURES:**

- A. Written curriculum.
- B. Observation.
- C. School schedule.
- D. Student interviews.

**TNI 4.0: W=3**

Occupational competencies are incorporated into the curriculum for students fourteen years or older to include, at a minimum: employability skills, economic awareness, independent living skills, social skills AND career pathways.

**AUDIT MEASURES:**

- A. Written curriculum.
- B. Student interviews.
- C. Review of student work.

**TNI 5.0: W=2**

Vocational and/or work experience training programs are aligned with current employment market and coordinated with academic programs. These programs are available to students sixteen years of age and older with expected length of stay of over sixty days. Criteria for placement in a vocational program are equitable and based on student need.

**AUDIT MEASURES:**

- A. Written curriculum.
- B. Student schedules.
- C. Certificates of completion.
- D. Student interviews.
- E. Key Train.

**TNI 7.0: W=3**

Each student shall be informed of the requirements of Division of Youth Corrections' Policy 22.5 and have a signed Acceptable Use Agreement (AUP) prior to use of student computers. This signed form must be kept in individual student files or alphabetized binders. The school SHALL have a written technology plan.

**AUDIT MEASURES:**

- A. Signed agreement in student file.
- B. The written technology plan.

**ED VI -- Evaluation (Treatment Facilities Only)**

**EVI 1.0: W=4**

Student success indicators and compiled outcome data are used to demonstrate student proficiencies. Compiled outcome data shall be documented in the Colorado TRAILS database, where available. The following are the minimal indicators/outcome measures determined by length of stay:

**AUDIT MEASURE:**

- A. Indicators/outcome measures for lengths of 90 days or greater:
- Number of students who attain a GED or diploma.
  - Number of students accepted and enrolled in college-level courses.
  - Number of students enrolled in and who complete vocational programs.
  - Quarterly students' academic performance change in reading, math, writing and science as measured by MAP and other formal assessments.
  - Yearly students' academic performance change in reading and math for each fiscal year ending June 30th.

**EVI 2.0: W=3**

There is clear evidence (documented annually) that curriculum review and/or revision and instructional methodology is driven by student needs. Student needs assessment and compiled outcome data drives the review of and revision of curriculum and instructional methodology.

**AUDIT MEASURES:**

- A. Annual report.  
B. Meeting minutes.

## SPECIAL EDUCATION

### **SE - I -- SCHOOL PRINCIPAL AND ADMINISTRATIVE RESPONSIBILITIES**

*All Standards apply to students committed within facilities.*

#### **SES 1.0: W=2**

The Division of Youth Corrections' Special Education/Services Comprehensive Plan and Procedures Manual is available to teachers and other agency personnel.

#### **AUDIT MEASURES:**

- A. A current copy (printed or electronic) of the Division of Youth Corrections' Special Education/Services Comprehensive Plan and Procedures Manual.
- B. Signature sheets are on file for every current Special Education Teacher and Principal.
- C. Documentation (signatures with dates) that special education teachers and principals have reviewed the documents at least one time per year.

#### **SES 2.0: W=3 (MOVED FROM PP1.1)**

Schedule ACCOMMODATES THE NEEDS OF SPECIAL EDUCATION STUDENTS, INCLUDING TIME FOR special education teachers AND GENERAL education teachers to collaborate OR CONSULT.

#### **AUDIT MEASURES:**

- A. Teacher schedules (Documented in the Colorado TRAILS database, where available).
- B. Principal/administrator interviews.
- C. Teacher interviews.
- D. SCHOOL SCHEDULE FOR CLASSES.

#### **SES 3.0: W=4 (WAS PQ 1.0)**

There are a sufficient number of Special Education teachers to develop and review IEPs and provide appropriate special education services as identified on the IEP.

#### **AUDIT MEASURES:**

- A. The Special Education teacher ratio based on Colorado TRAILS database or other special education data.
- B. Each facility shall have at least one Special Education teacher. The typical caseload per Special Education teacher is 15-25 students.
- C. A caseload of 25-35 for short periods of time (i.e. three months, while actively recruiting for a vacant position) shall be considered as compliant with concern. Documentation of recruitment efforts shall be reviewed.

#### **SES 4.0: W=2 (WAS PP 1.3)**

THE PRINCIPAL SHALL HAVE A COPY OF THE SPECIAL EDUCATION TEACHER ACTION PLANS AND DOCUMENTATION THAT THE PLAN HAS BEEN REVIEWED WITH THE TEACHER.

#### **AUDIT MEASURES:**

- A. Action plan documentation.
- B. Interview with Special Education teachers and/or Principal

**SES 5.0: W=2**

DOCUMENTATION EXISTS THAT ALL SPECIAL EDUCATION TEACHERS HAVE ATTENDED NYC REQUIRED SPECIAL EDUCATION TRAINING.

**AUDIT MEASURES:**

- A. ATTENDANCE SHEETS KEPT EITHER BY THE PRINCIPAL OR THE SPECIAL EDUCATION DIRECTOR'S OFFICE.
- B. IF A TEACHER DOES NOT ATTEND A NYC SPECIAL EDUCATION TRAINING THERE IS DOCUMENTATION THE TEACHER HAD TAKEN A SICK DAY OR WAS ON ANNUAL LEAVE.
- C. TEACHER HAS DOCUMENTED THAT INFORMATION COVERED AT THE TRAINING HAS BEEN OBTAINED.

**SE - II -- Assessment Procedures**

**AP 1.1: W=3**

Copy of signed consent for evaluation (by the parent/guardian) or documentation of three attempts uploaded into ENRICH.

**AUDIT MEASURES:**

- A. 100% of the reevaluations or special evaluations have a signed consent for the permission to evaluate uploaded into ENRICH AND THE ORIGINAL SIGNED CONSENT IS IN THE STUDENT FILE. IF THERE IS VERBAL CONSENT THE VERBAL CONSENT IS DOCUMENTED ON THE CONSENT FORM AND THE DATE OF THE VERBAL CONSENT IS DOCUMENTED ON THE FORM or there is documentation uploaded into ENRICH or in the student's file that three attempts were made to contact the parent.
- B. 100% of students that are initially identified for special education have a consent for initial evaluation and consent for initial placement signed by the parent/guardian uploaded into ENRICH.
- C. All consents for evaluation have all sections completed appropriately. (using "N/A" is not appropriate for any of the sections)

**AP 3.1: W=3**

Assessments are completed in order to determine eligibility for Special Education.

**AUDIT MEASURES:**

- A. Review of evaluation reports and IEPs in ENRICH.
- B. Evidence in ENRICH or in the hard copy of the student files that the special education teacher followed up on any other areas of a suspected educational disability.
- C. Documentation demonstrating evaluation reports are provided to parents IS EITHER IN ENRICH OR ON PARENT CONTACT LOG.
- D. DOCUMENTATION THAT ALL COMPLETED EVALUATION REPORTS ARE PROVIDED OR SENT TO THE PARENTS/GUARDIANS IN A FORMAT (LANGUAGE) THAT ENSURES THAT THE PARENT/GUARDIANS ARE ABLE TO UNDERSTAND THE REPORTS.
- E. EVALUATION REPORTS MUST MEET ALL CRITERIA FOR AN EVALUATION AS OUTLINED IN SECTION 3 OF THE NYC

COMPREHENSIVE PLAN.

- F. EVALUATION REPORTS MUST BE COMPLETED BEFORE THE MEETING.
- G. ALL ASSESSMENT INFORMATION MUST BE INTERPRETED WITHIN THE EVALUATION REPORT.
- H. THE INFORMATION IN THE EVALUATION REPORT SUPPORTS THE CRITERIA FOR THE IDENTIFIED DISABILITY.
- I. THE NAME OF THE ASSESSMENT; DATE(S) OF THE ADMINISTRATION OF THE ASSESSMENT(S) (MONTH/DAY/YEAR); WHO ADMINISTERED THE ASSESSMENT; CREDENTIALS OF THE ASSESSOR ARE DOCUMENTED ON THE EVALUATION REPORT.
- J. ALL ASSESSMENT INFORMATION IS UPLOADED INTO ENRICH, INCLUDING ANY OUTSIDE REPORTS THAT ARE RELEVANT.

AP 4.1: W=4

A DISABILITY CHECKLIST MUST BE USED FOR EACH DISABILITY THAT IS BEING CONSIDERED.

**AUDIT MEASURES:**

- A. THERE MUST BE A DISABILITY CHECKLIST FOR EACH DISABILITY THAT IS CONSIDERED WITH ALL CRITERIA MET MARKED. THE DISABILITY CHECKLIST MUST BE IN ENRICH.
- B. THE SIGNATURE PAGE ASSOCIATED WITH THE DISABILITY CHECKLIST MUST BE COMPLETED AND UPLOADED INTO ENRICH.

AP 5.0: W=4

Assessments are administered in the native language of the student.

**AUDIT MEASURES:**

- A. The language of assessment, if other than English, is documented on the IEP.

**SE III -- Timelines for Meetings**

**Referral, Evaluation, IEP Implementation**

TM 1.0: W=4

Timelines are adhered to:

**AUDIT MEASURES:**

- A. All initial evaluations are completed within 60 calendar days from the date the Division of Youth Corrections' facility receives written consent from the parent/guardian for an evaluation.
- B. An initial IEP is created within 30 calendar days from the completion of the evaluation report.
- C. A meeting to review and revise the IEP is initiated and conducted at least once every 365 days.
- D. A meeting to determine if a student continues to have a disability and to determine if the student continues to be eligible for special education is conducted once every three years.
- E. The transfer process of the IEP is initiated in ENRICH within three days after

Division of Youth Corrections' receives a student's IEP. THE TRANSFER MUST BE FINALIZED IN ENRICH WITHIN 6 BUSINESS DAYS OF RECEIVING THE IEP.

- F. There is documentation in ENRICH OR IN THE PARENT CONTACT LOG the parents are contacted ABOUT THE decision made by the Division of Youth Corrections' facility to either accept or not accept a student's IEP.
- G. If the facility determines that the IEP is not accepted a reevaluation or a special evaluation is scheduled AND HELD within 45 calendar days.
- H. Facility rosters entry dates shall be used to determine if the student was in the facility when the IEP was due and documented in the Colorado TRAILS database, where available.
- I. All IEP documents must be finalized within 10 days of the IEP meeting.  
ALL SPECIAL EDUCATION STUDENTS HAVE ANNUALS, RE-EVALUATIONS AND SPECIAL EVALUATIONS HELD ON TIME PER STUDENT IEP RECORDS.

#### **SE IV -- Notifications**

##### **NO 1.0: W=3**

Within three business days of arrival into a facility, the home district and most recent placement of a student are contacted to request educational records, including special educational records. If educational records are not received, follow up must be documented in the student file.

##### **AUDIT MEASURES:**

- A. File review.
- B. Contact logs, specifying who was contacted, where the person works and the date of the request.
- C. Documentation of follow-up if needed.

##### **NO 2.0: W=4**

Notices of meeting are sent in a timely manner and sent to the required IEP team members AND HOME SCHOOL DISTRICTS.

##### **AUDIT MEASURES:**

- A. Copies of student, parental and home school district notices of meeting OR OTHER FORMS OF NOTIFICATIONS are in student files and also documented in ENRICH.
- B. Parents are given 10 CALENDAR days' notice of the IEP meeting. If the parent does not have 10 CALENDAR days' notice there is documentation that they waived the 10 CALENDAR day notice requirement either in the IEP or in the student file.
- C. In the event that an outside agency is invited there is documentation in the student's file that prior parental permission was obtained.
- D. Documentation exists in either ENRICH or the student file that a copy of the notice of meeting was sent to the home school district.
- E. Documentation exists either in ENRICH or the student's file that if parent's notice of meeting was returned, the facility followed up to contact the parent.

### **SE V-- Participants in SPECIAL EDUCATION Meetings.**

#### **PM 1.0: W=4**

The meeting participants for an IEP meeting must be documented in ENRICH.

#### **AUDIT MEASURES:**

- A. Signatures on the participants page of the iep must be uploaded in ENRICH and the original participants page with the signatures maintained in the student's file.
- B. The Special Education teacher A SPECIAL EDUCATION DESIGNEE, A GENERAL EDUCATOR AND THE STUDENT MUST BE PRESENT. IF THE STUDENT IS NOT PRESENT THERE MUST BE DOCUMENTATION TO SUBSTANTIATE WHY THE STUDENT IS ABSENT. THE SPECIAL EDUCATION TEACHER MAY ALSO SIGN AS THE SPECIAL EDUCATION DESIGNEE. DOCUMENTATION OF MEETING ATTENDEES IS ON THE SIGNATURE PAGE OR EMBEDDED IN THE IEP.
- C. There must be a special education designee present. The special education teacher may also sign in as the special education designee. There must be a General Education teacher present.
- D. If the parent did not attend there must be documentation of three attempts to contact the parent in the student file, or contact log or in the meeting notes.
- E. If the participants' page and those invited on the notice of meeting do not match, parent signature that they agree to those attending is documented on the participant's page OR IN MEETING NOTES.

### **SE VI-- Contents of IEP**

#### **CI 1.3: W=3**

A statement of present levels of academic and functional performance.

#### **AUDIT MEASURES:**

- A. Review of IEPs IN ENRICH.
- B. Input from the parent/guardian and the student MUST be included.
- C. There must be a statement of how the student's disability impacts their performance in General Education.
- D. Student data measures for both academics and behavior must be included.

#### **CI 1.5: W=4**

Annual goals must be developed at least every 365 days for the student.

#### **AUDIT MEASURES:**

- A. Reviews of IEPs in ENRICH.
- B. Goals ARE based upon the identified needs of the student THAT ARE DOCUMENTED IN EITHER THE PRESENT LEVELS OR THE EVALUATION REPORTS.
- C. Goals must be written so that they are measureable, attainable, specific, results driven and time bound GOALS MUST INCLUDE A BASELINE AND ALL UNITS OF MEASUREMENTS AND METRICS MUST MATCH.
- D. STANDARDS ARE INCLUDED WITH THE GOALS (STANDARDS DO NOT

NEED TO BE PART OF TRANSFERS)

**CI 1.6: W=4**

All transition IEP's must meet the indicator 13 compliance check.

**AUDIT MEASURES:**

- A. All students either by the age of 15 or by the end of their 9<sup>th</sup> grade year (whichever is first) must have a transition IEP.
- B. The results of the transition assessments are interpreted
- C. There is documentation of student input.
- D. There must be clear linkage between the transition goals and the annual goals.
- E. The transition services and activities describe what the adults shall do to support the student achieving their post school goal.
- F. The plan course of study must include specific course work and be multi-year in scope and developed so as to support the student in developing the skills to achieve the post school goal.
- G. The post school goal needs to be realistic and attainable by the student.

**CI 1.7: W=4**

The Special Education and Related Services.

**AUDIT MEASURES:**

- A. The service delivery statement must be written so that it accurately describes the services being offered and the service provider that shall be providing the services.
- B. The services are to be based upon the needs of the student.
- C. The service providers listed in the service delivery boxes must be educationally licensed special education service providers.
- D. All other sections of the service delivery page, including the advantages and disadvantages of the placement, the setting codes and the ESY determination must be completed accurately.

**CI 1.8: W=3**

Accommodations and modifications for students with disabilities.

**AUDIT MEASURES:**

- A. Review of IEPs in ENRICH with 100% compliance.
- B. ACCOMMODATIONS OR MODIFICATIONS ARE IDENTIFIED FOR BOTH THE CLASSROOM, DISTRICT AND STATE ASSESSMENTS

**CI 1.9: W=3**

Progress reporting on student goals.

**AUDIT MEASURES:**

- A. Review of IEPs in ENRICH.
- B. Updates on student goals must be entered into ENRICH as often as progress is reported for General Education students.
- C. All previous goals must be closed out by the reporting of student progress when a new IEP is created. Documentation of closed out goals is either in ENRICH or in the IEP.
- D. EVIDENCE OF REGULAR PROGRESS MONITORING (WEEKLY, BI-

WEEKLY OR MONTHLY) IS DOCUMENTED IN THE STUDENT FILE.

**CI 2.1: W=4**

Behavior intervention plans are developed based on functional behavior assessment and in collaboration with the treatment staff for students whose behavior are disruptive to the educational environment or are dangerous to self or others.

**AUDIT MEASURES:**

- A. Review of special management programs.
- B. Review of documentation of school time outs and removals.
- C. Behavior intervention plans are based upon a functional behavioral assessment completed for the student. A Special Management Plan is not considered a behavior intervention plan.
- D. Review of IEPs for behavior plans, IF ONE IS INDICATED TO BE NECESSARY.
- E. Documentation that the process to develop the functional behavioral assessment and the Behavior Intervention Plan (BIP) is started at least by the eighth day of documented exclusion of class (either cumulatively or consecutive days within a semester).
- F. The process is completed within 30 school days from initiation and documented in ENRICH.
- G. Documentation of parent consent for the FBA (or three attempts to contact the parent) is in ENRICH.
- H. Documentation that the FBA AND BIP were sent to the parent in the student file or on notes page in ENRICH.

**CI 2.2: W=3**

A notice of graduation and a summary of performance (SOP).

**AUDIT MEASURES:**

- A. Notices of graduation and sop documents are entered into ENRICH 100% of the time.
- B. The iep is checked that the student is no longer eligible for Special Education because of a diploma or turning 21.
- C. Notice of graduations and sops are entered into the trails system 100% of the time.
- D. A copy of the diploma must be uploaded into ENRICH 100% of the time.
- E. The SOP should contain information that WILL help the student transition from high school to higher education, vocational training and/or employment.
- F. A notice of graduating and a SOP needs to be done within 10 BUSINESS DAYS of graduation (or date of admittance to a program/school).

**CI 2.3: W=4**

IMPLEMENTATION OF BEHAVIOR IMPROVEMENT PLANS (BIP)

**AUDIT MEASURES:**

- A. BIPs ARE IMPLEMENTED AS WRITTEN IN THE CLASSROOM
- B. DOCUMENTATION EXISTS THAT THE STUDENT HAS RECEIVED SERVICES WHILE ON A SPECIAL MANAGEMENT PLAN OR ON THE UNIT FOR MEDICAL REASONS.

## **SE VII -- Procedural Safeguards**

### **PRS 2.0: W=4**

Educational Surrogate parents are appointed for those students whose parental rights have been terminated or whose parents cannot be located.

#### **AUDIT MEASURE:**

- A. DOCUMENTATION EXISTS THAT THE SPECIAL EDUCATION DIRECTOR WAS CONTACTED FOR THE ASSIGNMENT OF AN ESP

### **PRS 3.0: W=4**

A copy of the final IEP is sent to the parents, the school district of residence, and the client manager.

#### **AUDIT MEASURES:**

- A. Review of student special education file in ENRICH.
- B. Documentation either in ENRICH or the student file that copies of the finalized IEP were sent within 10 BUSINESS DAYS of the IEP meeting.

### **PRS 4.0: W=4 (WAS AP 1.1)**

For an initial IEP, reevaluation, special evaluation or annual REVIEW, parents must be offered a copy of the procedural safeguards notice in a language in which they are fluent.

#### **AUDIT MEASURE:**

- A. Signed procedural safeguards section of the IEP is uploaded to ENRICH. If the procedural safeguards are mailed to the parent this should be documented on the procedural safeguards section of the IEP. THE SIGNED SHEET MUST BE UPLOADED INTO ENRICH.

## **SE VIII -- Confidentiality and Records**

### **CR 1.0: W=3**

Special Education records are kept in a secured location in order to maintain confidentiality.

#### **AUDIT MEASURES:**

- A. Access of record sheets are used when records are accessed or copied.
- B. A list of personnel and their titles that can access the records is posted where the records are kept.

## **SE IX -- Change of Program/Services**

### **CP 1.0: W=3**

An IEP amendment is appropriate when minor changes are warranted to the IEP that do not constitute a “significant change in placement”. Amendments to IEPs can be conducted either with an IEP meeting or without a meeting and with parental agreement to the changes.

#### **AUDIT MEASURES:**

- A. Amendments included with the appropriate IEP in ENRICH with 100% compliance.
- B. Documentation that parental agreement was obtained prior to making the changes in

- the IEP. THIS DOCUMENTATION IS UPLOADED INTO ENRICH.
- C. Documentation that the amendment is sent to parent either in ENRICH or IN PARENT CONTACT LOG.

**SE X - Service Procedures**

**SP 1.3: W=4**

Students received special education and related services AND ACCOMMODATIONS based on their individual needs as identified on the IEP.

**AUDIT MEASURES:**

- A. Documented THROUGH student and teacher interviews AND CLASSROOM OBSERVATIONS.
- B. The amount of time the student is in General Education and in special education matches the student's service plan on the IEP.
- C. The goals on the IEP are being addressed on a consistent basis and that the student and teacher have knowledge of the goals and expected progress.
- D. SPECIALIZED INSTRUCTION AND differentiated instruction is being provided to the student.
- E. Attendance records (Documented in the Colorado TRAILS database, where available).

**SE XI -- Program Procedures**

**PP 1.4: W=3**

STUDENT PROFILE INFORMATION IN ENRICH IS CURRENT, ACCURATE AND COMPLETE.

**AUDIT MEASURES:**

- A. REVIEW OF ENRICH FILES, IEPs AND TRAILS INFORMATION

**PP 1.5: W=3**

REVOCATION OF SERVICES BY THE PARENT:

IF STUDENT SERVICES ARE REVOKED BY THE PARENT THERE IS DOCUMENTATION THAT THE PARENTS WERE INFORMED OF THE IMPLICATIONS AND THERE IS A PARENT GENERATED REQUEST TO REVOKE SERVICES UNLOADED INTO ENRICH. THE REVOCATION IS ALSO DOCUMENTED IN TRAILS.

**AUDIT MEASURE:**

- A. REVIEW OF ENRICH FILES AND TRAILS DATA.

## HEALTH AND SANITATION

### **Food Services**

#### **FS 4.0: W=3**

A full-time staff member, experienced in food service management, supervises food service operations. This individual shall have a minimum of four years' experience in food service with knowledge covering all phases of food service operation. All food service managers and supervisors shall have SERV SAFE® Certification within their first 120 days of employment as stated in Division of Youth Corrections' Policy 10.7. The SERV SAFE® exam based certification shall be maintained for the duration of their employment.

#### **AUDIT MEASURES:**

- A. Resume of facility Food Service Manager.
- B. Job description of the Food Services Manager.
- C. Personal interview with Food Service Manager.
- D. Copy of SERV SAFE® Certification.

#### **FS 5.0: W=3**

Written policy, procedure, and practice specify the food service budgeting, purchasing, and accounting practices, including but not limited to the following systems:

- Supporting documentation of a yearly/monthly food budget.
- Food expenditure cost accounting designed to determine cost per meal per juvenile.
- Purchase of supplies by bid or price comparison.

#### **AUDIT MEASURES:**

- A. Copy of the food service cost statement or other report showing food expenditures.
- B. Food services equipment request.
- C. Copy of bid awards.
- D. Food service surveys.

#### **FS 6.0: W=4**

Written policy, procedure and practice require that accurate records are maintained of all meals served. At a minimum, these records shall contain:

- Documentation of the number of juveniles and staff served at each meal.
- A production record indicating foods and portion sizes served.

#### **AUDIT MEASURES:**

- A. Daily count of staff and juveniles who are provided with meals.
- B. Copy of menus.
- C. Copies of production worksheets.

**FS 7.0: W=4**

There is documentation that the facility's system of dietary allowance is reviewed at least annually by a dietitian to ensure compliance with nationally recommended food allowances.

Additional reviews by the dietitian shall be required whenever changes of 10% or more are made to the menu or recipes.

**AUDIT MEASURES:**

- A. Letter or memo from dietitian.
- B. Credentials (ADA card) of dietitian.

**FS 8.0: W=3**

Written policy, procedure, and practice require that food service staff develop planned menus and substantially follow the schedule and that food flavor, texture, temperature, appearance, and palatability are taken into consideration in the planning and preparation of all meals. Minimum requirements for the planning and preparation of meals shall include:

- All menus, including special diets, should be planned and available for review at least one week in advance. For special diets, temporary provisions may be made by food services staff if medical staff is not available.
- Notations should be made on the production record of any substitutions in the meals actually served.
- Substitutions should be of an equal nutritional value.
- Standardized recipes, adjusted to a yield appropriate for the size of the facility, must be available and followed.
- A yearly written survey shall be conducted with the juveniles to determine eating preferences. Information gathered shall be considered in the planning of the menus.

**AUDIT MEASURES:**

- A. Menus.
- B. Production worksheets.
- C. Standardized recipes.
- D. Food surveys from the juveniles.

**FS 9.0: W=2**

The food service plan provides for a single menu for staff and juveniles.

**AUDIT MEASURE:**

- A. Visual observation.

**FS 10.0: W= 4**

Written policy, procedure and practice provide for special diets including:

- As prescribed by appropriate medical or dental personnel.
- For juveniles whose religious beliefs require the adherence to religious dietary laws.

**AUDIT MEASURES:**

- A. Examples of special diet requests.
- B. Examples of religious diet requests.
- C. Orders for medical diets contain the type of diet, duration for which it is to be provided and special instructions as necessary.

**FS 11.0: W=4**

Written Division of Youth Corrections' policy precludes the use of food as a disciplinary measure.

**AUDIT MEASURE:**

- A. Interviews and observation.

**FS 13.0: W=4**

Written policy, procedure, and practice provide for weekly inspections of all food service areas by a qualified individual. Areas covered, at a minimum, shall include:

- Food source, labeling, and protection.
- Staff health and hygienic practices.
- Staff knowledge of safe food handling practices.
- Food temperature controls.
- Equipment temperature controls.
- Water, sewage, and plumbing systems.
- Hand washing and toilet facilities.
- Pest control.
- Poisonous or toxic items.
- Testing devices.
- Equipment and physical facilities.

**AUDIT MEASURES:**

- A. Documentation of weekly inspections.  
B. COMPLIANCE MEASURE >90% = COMPLIANT  
C. COMPLIANCE MEASURE <90% = NON COMPLIANT

**FS 14.0: W=4**

Facilities shall post and maintain a written record of daily temperature checks for refrigerators, freezers, dry storage areas and water temperatures for ware washing machines. Proper temperatures are as follows:

- Dry storage areas shall maintain an ambient air temperature of 50 degrees to 70 degrees Fahrenheit.
- The ambient air temperature of all refrigerated equipment shall not exceed 39 degrees Fahrenheit.
- Frozen foods are stored at 0 degrees Fahrenheit or below.
- Chemical sanitizing ware washing machines shall have a wash water temperature of not less than 120 degrees Fahrenheit.
- Hot water sanitizing ware washing machines shall be capable of achieving an equipment surface temperature of at least 160 degrees Fahrenheit.

**AUDIT MEASURE:**

- A. Documentation of daily temperature checks for dry storage, refrigerator and freezer storage and dish machine water temperatures.

**FS 16.0: W=3**

Written policy, procedure, and practice require that at least three meals, of which two are hot meals, are provided at regular meal times during each 24-hour period,

**AUDIT MEASURE:**

- A. Menus and production worksheets.

**FS 17.0: W=4**

Written policy, procedure, and practice provide for health protection for all juveniles and staff in the facility and other persons working in food service, including the following:

- Staff IS in good health and free from diseases that are transmitted through food.
- When the facility contract's for their food services there shall be written verification that the outside provider(s) comply with the state and local regulations regarding food service.

**AUDIT MEASURE:**

- A. Visual observation and interviews.

**FS 18.0: W=4**

**(All programs participating in school nutrition programs)**

All facilities receiving funding or donated commodities from participation in the National School Lunch Program, the School Breakfast Program, the Donated Food Program and the after school snack program must fully comply with the program regulations.

**AUDIT MEASURES:**

- A. Visual observation of the meal counting and claiming procedures.
- B. Review of supporting documentation to include: menus, production worksheets, recipes, nutritional analysis, rosters, head count form, and the safety and sanitation worksheet.
- C. Visual observation for the utilization of recipes.
- D. Snacks are reimbursable in that they provide a minimum of two meal components.
- E. Visual observation for the display of the "Justice for All" posters.
- F. On school days, an educational or enrichment activity is scheduled sometime between the hours of 4 p.m. – 8 p.m. on all units.

**FS 18.1: W=3**

**(All programs participating in school nutrition programs)**

Production sheets and meal rosters shall be delivered weekly to the office of your School Food Authority (SFA).

**AUDIT MEASURE:**

- A. School nutrition paperwork tracking spreadsheet or other form of documentation.

**FS 19.0: W=3** (Treatment Facilities Only)

Facilities shall have an established food service work-study program if they routinely utilize juveniles to work in the kitchen. At a minimum the program must contain:

- A defined curriculum with goals and standards.
- A method to evaluate and certify juvenile achievements.

**AUDIT MEASURES:**

- A. Review of program curriculum.
- B. Documentation of juvenile achievements in the program.
- C. Interviews with juveniles.

**FS 20.0: W=4** (Treatment Facilities Only)

Juveniles who work in a facility food service operation must be supervised by qualified personnel.

**AUDIT MEASURE:**

- A. Visual observation.

**FS 21.0: W=4** (Treatment Facilities Only)

Facilities must comply with all child labor laws.

**AUDIT MEASURES:**

- A. Review of juvenile applications to enroll in the program.
- B. Visual observation.
- C. Review of juvenile work schedule.

**FS 22.0: W=3**

Individuals qualified to conduct food service inspections must:

- Be familiar with the applicable codes and regulations and their requirements.
- Be able to use the appropriate instruments for measuring and documenting code compliance.
- Be able to complete checklists and prepare the necessary reports.
- Have the authority or the resources to make corrections when deficiencies are found.

**AUDIT MEASURE:**

- A. Review of documentation reflecting training, experience and/or education in the area of food service inspection.

**FS 23.0: W=2**

Facility food service supervisors must meet with staff on a monthly basis. Meetings shall follow a planned agenda and minutes shall be kept. Meetings shall be used to:

- Conduct staff training.
- Facilitate two-way communication.
- Provide staff with the opportunity to participate in the formulation and/or review of policies, procedures and programs.
- Provide information which is of general interest to all.

**AUDIT MEASURES:**

- A. Review of meeting agenda and minutes.

B. Training documentation.

**FS 24.0: W=3**

The facility has a system in place to demonstrate that food inventories are rotated on a first in-first out basis.

**AUDIT MEASURE:**

- A. Visual observation.

**FS 25.0: W=4**

The food service operation shall have a system in place to provide for adequate temperature controls of potentially hazardous food products. The system shall include documentation and maintenance of temperature logs for the cooking, holding, reheating, and cooling of potentially hazardous foods.

**AUDIT MEASURE:**

- A. Documentation of temperature checks of all potentially hazardous food products prior to service. Hot foods must be held at 135° F and above and cold foods must be maintained at 41° F and below.

**FS 26.0: W=4**

Written policy, procedure, and practice specify that the food services comply with the applicable sanitation and health codes as promulgated by federal, state, and local authorities.

**AUDIT MEASURES:**

- A. Visual observation.
- B. Department of Public Health & Environment license to operate a retail food establishment.
- C. The food service staff shall be required to have 2 hours of food safety training annually.
- D. Health Department Inspection Reports.

**FS 27.0: W=3**

Juveniles are provided with clean dining areas. Juveniles shall not eat in their living or sleeping areas except for documented security and control reasons.

**AUDIT MEASURES:**

- A. Visual observation.
- B. Review of documentation.
- C. Staff and juvenile interviews.

**FS 29.0: W=4**

There is a master cleaning schedule for the food service's physical plant and equipment. The schedule shall contain, at a minimum:

- The physical plant area to be cleaned or the name of the equipment.
- The proper name or the position name of the individual responsible to do the cleaning.
- The frequency for when the item is to be cleaned.
- Procedures to verify that the cleaning has been completed.

**AUDIT MEASURES:**

- A. Documentation of cleaning schedule.
- B. Visual inspection.

**FS 33.0: W=4**

There shall be specific procedures to govern the control and safe use of FOOD SERVICE tools AND SHARPS.

**AUDIT MEASURES:**

- A. Tool AND SHARP inventories.
- B. Visual observation.
- C. Implementing procedures.

**Sanitation and Hygiene**

**SH 1.0: W=3**

Policy and procedures shall require weekly sanitation inspections of all facility areas.

**AUDIT MEASURES:**

- A. Documentation of weekly inspections showing 90% compliance.
- B. Visual inspection of all facility areas.

**SH 2.0: W=4**

The facility administration shall comply with applicable federal, state, and local sanitation and health codes.

**AUDIT MEASURES:**

- A. Health inspection reports.
- B. Action plans to correct health inspection deficiencies.

**SH 4.0: W=3**

Policy and procedures shall provide for the control of vermin and pests.

**AUDIT MEASURES:**

- A. Copy of pest control contract.
- B. Documentation of visits by pest control agents.

**SH 5.0: W=3**

There shall be a written housekeeping plan for the facility's physical plant. The physical plant shall be kept clean, free of mold, debris, dirt, maintained in an orderly condition, and all storage closets/cabinets organized.

**AUDIT MEASURES:**

- A. Written housekeeping plan.
- B. Visual observation.

**SH 6.0: W=3**

The stored supply of linen, and bedding shall exceed that required for the facility's maximum juvenile population. Suitable, clean bedding and linen, including two sheets, one mattress, ONE PILLOW, and sufficient blankets shall be provided to afford comfort under existing temperature controls. There shall be provision for linen exchange at least weekly. All linens shall be free of tears, holes and rips. There is provision for accountability for clothing and bedding issued to juveniles.

**AUDIT MEASURES:**

- A. Current inventory of clothing, linens, bedding, etc.
- B. Current requisitions for clothing, linens, bedding, etc.
- C. Documentation of clothing, bedding issued to juveniles.
- D. Linen cleaning contract or facility laundry schedule.
- E. Facility implementing procedures.

**SH 8.0: W=4**

There shall be special and, when appropriate, protective clothing and equipment provided to juveniles assigned to food service, facility physical plant, maintenance shops, and other special work.

**AUDIT MEASURE:**

- A. Visual observation of appropriate items.

**SH 9.0: W=3**

Juveniles shall be provided the opportunity to have two complete sets of clean clothing per week. JUVENILES SHALL BE PROVIDED CLEAN UNDERGARMENTS DAILY. The facility may provide this clean clothing in several ways, including access to self-serve washer facilities, central clothing, or a combination of the two. All clothing provided to juveniles shall be free of holes, tears and rips.

**AUDIT MEASURES:**

- A. Laundry schedule.
- B. Visual observation.

**SH 10.0: W=2**

The facility shall provide for, when necessary OR REQUESTED, the thorough cleaning and disinfecting of juvenile personal clothing before storage or before allowing the juvenile to keep and wear personal clothing.

**AUDIT MEASURES:**

- A. Facility implementing procedures.
- B. Inspection of personal property.
- C. JUVENILE INTERVIEWS.

**SH 12.0: W=3**

There shall be an approved shower schedule that allows daily showers.

**AUDIT MEASURES:**

- A. Daily schedule of showers.
- B. Juvenile interviews.

**SH 13.0: W=4**

Articles necessary for maintaining proper personal hygiene to include soap, toothbrush, toothpaste, shampoo, deodorant, and comb shall be provided to all juveniles. Feminine hygiene articles must be available for females.

**AUDIT MEASURES:**

- A. Facility implementing procedures.
- B. Frequency of actual distribution.

**SH 14.0: W=2**

There shall be hair care services available to juveniles.

**AUDIT MEASURE:**

- A. Facility implementing procedures.

## PROGRAM SERVICES

### Admission/Intake

#### ADM 1.0: W=4

Specific procedures for admission of juveniles new to the Division of Youth Corrections include but are not limited to the following:

- Determination that the juvenile is legally committed or detained to the facility.
- Actual time of admission noted in trails.
- Complete search of the juvenile and possessions.
- Disposition of personal property.
- Issue of clean, laundered clothing.
- Issue of personal hygiene articles that are gender and culturally appropriate.
- HEALTH SCREEN
- Mental health screen completed within 120 minutes of intake, SIRS-Revised and MAYSI II. Juveniles are kept in line of sight until completion.
- Assignment to a room using SAB/VV. Juveniles are kept in line of sight until completion.
- Recording of basic personal data and information to be used for mail, telephone and visiting lists.
- Staff contacts the client manager notifying of admission.
- Staff contacts the parent/guardian notifying of admission and giving basic information such as visitation hours, phone number, address etc...

#### **AUDIT MEASURES:**

- A. Juvenile's files.
- B. Colorado TRAILS database.
- C. Completed intake form.
- D. Implementing procedure.
- E. Staff and juvenile interviews.

#### ADM 2.0: W=2

Juveniles have the right to make two unmonitored telephone calls to attorneys, family members, Guardian ad Litem (GAL), and Case Workers, no longer than eight hours from admission.

#### **AUDIT MEASURES:**

- A. Notations of initial calls in logs (Documented in the Colorado TRAILS database in admission or contact section, where available).
- B. Juvenile interviews.
- C. Unsuccessful attempts documented.

ADM 3.0: W=3

Programming is provided for juveniles during the orientation period. There shall be verification regarding the completion of the orientation process.

**AUDIT MEASURES:**

- A. Orientation program description and schedule.
- B. Juvenile interviews.
- C. Signed statement of completed orientation in juveniles file.
- D. Copy of completed orientation test.
- E. Implementing procedure.

ADM 4.0: W=3

A juvenile handbook shall be made available to the juvenile population. Contract Program Handbooks shall include the following:

- Grievance process.
- Client civil rights contact information.
- Restorative community justice philosophy.
- Minor rule violations.
- Major rule violations.
- Involvement of law enforcement for chargeable offenses.
- Potential sanctions for rule violations.
- Due process.
- Statement that staff has oversight of the facilities behavioral management system, and that juveniles cannot impose sanctions or have control over other juveniles.
- List of juvenile rights.

Contract Programs and State-operated facilities shall include the following:

- Program schedule.
- Process for mail, telephone and visits INCLUDING ACCESS TO SPECIALIZED CLASS OF PERSONS SUCH AS ATTORNEYS.
- Process to access medical services.
- Positive behavior management program to include level privileges, interventions and possible consequences.
- METHOD TO COMMUNICATE TO ADMINISTRATION ABOUT PROGRAMMING CONCERNS.

Signed acknowledgement of the handbook is maintained in the juvenile's file. Written or verbal translation of the handbook shall be made available for juveniles when English is not their primary language.

**AUDIT MEASURES:**

- A. Review of the facility's Juvenile Handbook.
- B. Juvenile interviews.
- C. Juvenile file review.

ADM 5.0: W=3

Juvenile's personal property is controlled and safeguarded. Juvenile's property shall be labeled and stored separately from all other juvenile's property. Personal property retained at the facility

shall be itemized in a written list that is kept current and placed in the juvenile's file. The juvenile shall receive a current copy of the list, and shall sign and receive an updated list anytime there are changes to the inventory.

**AUDIT MEASURES:**

- A. Juvenile's files.
- B. Visual observation of property storage.
- C. Juvenile interviews.
- D. Implementing procedure.

**ADM 6.0: W=4**

All admitted juveniles shall sign and acknowledge the receipt of information verbal or written in a language they understand, regarding sexual assault and sexual misconduct.

**AUDIT MEASURES:**

- A. Juveniles signed acknowledgement of policy and procedure.
- B. Sexual assault brochure.
- C. Juvenile interviews.
- D. Implementing procedure.
- E. TRANSLATOR SERVICES AVAILABLE.

**ADM 7.1: W=4**

The facility shall have a process to assure the accurate completion, OR REVIEW OF THE INFORMATION IF TRANSFERRED, of the SAB/VV assessment tool.

**AUDIT MEASURES:**

- A. Review of implementing procedure.
- B. Review of process.
- C. Review of completed assessments.
- D. REVIEW OF CURRENT ASSESSMENT GUIDE.

**ADM 8.0: W=4**

Vulnerable to victimization and sexually aggressive juveniles shall never be housed together in the same room. "NDR" juveniles shall not be placed with another juvenile unless there is clear documentation as to the necessity and measures to be taken to assure the juvenile's safety. All overrides shall be specific for each individual room placement and clearly documented. There shall be a method of reviewing risk information to include VV and SAB prior to all room assignments or changes unless TRAILS is available. THE OVERRIDE SHALL BE DOCUMENTED IN TRAILS IF AVAILABLE.

**AUDIT MEASURES:**

- A. Juvenile's files.
- B. Colorado TRAILS database where available.
- C. Room assignment log.
- D. Implementing procedure.
- E. USE OF ASSESSMENT GUIDE.

**ADM 9.0: W=4 (Detention Only)**

Each facility shall be responsible for notification to victims of pre-adjudicated juveniles and shall establish a procedure for proper identification of and notification to victims regarding the initial hearing. The confidentiality of any identifying information regarding victims shall be securely

maintained and shall be safeguarded against unauthorized disclosure. There shall be an internal Quality Assurance process to assure notification is completed.

**AUDIT MEASURES:**

- A. Review of facility implementing procedures.
- B. Review juveniles' files for documentation of victims' information.
- C. Review Colorado TRAILS database victim information, where available.
- D. Review process in place to ensure victim contact when not directly administered at the facility.
- E. Review of Quality Assurance documentation.

**General Programs**

**GP 1.1: W=3**

Juveniles shall receive 14 HOURS OF PROGRAMMING MONDAY THROUGH FRIDAY AND 12 HOURS OF PROGRAMMING DURING WEEKENDS. The daily program schedule shall be posted on the unit, followed as written, and any alterations clearly documented in the shift log. The schedule shall include time for leisure activities such as board games, letter writing, reading, etc. TIME FOR DESTIMULATION IS ALSO ACCEPTABLE DURING NOT STRUCTURED ACTIVITIES SUCH AS GROUPS, SCHOOL, RECREATION, MEALS TIMES ETC.

The juveniles shall not be placed in their rooms for shower time which runs consecutively into sleeping time, thus leaving the juveniles in their rooms for an extended period of time.

**AUDIT MEASURES:**

- A. Descriptions of facility programs.
- B. Program and daily activities' schedules.
- C. Juvenile interviews.
- D. Facility logs.

**GP 1.2: W=4**

A situation in which the entire living unit/pod is restricted from regularly scheduled programming is clearly documented on the shift log. Reasons for the restriction, the action taken, administrative approval, adjustments to the modified program, start time and end time is clearly documented in the report and on the shift log.

**AUDIT MEASURES:**

- A. Interview with staff and juveniles.
- B. Review of shift logs.
- C. Review of informational/critical incident report.
- D. Review of implementing procedure.

**GP 1.3: W=3 (FORMERLY FS 16.0)**

MEALS ARE PROVIDED AT REGULAR MEAL TIMES DURING A 24 HOUR PERIOD, WITH NO MORE THAN 14 HOURS BETWEEN THE EVENING MEAL AND BREAKFAST. THE TIME IS BASED UPON START TIME OF EVENING MEAL AND START TIME OF BREAKFAST.

**AUDIT MEASURES:**

- A. MEAL SCHEDULE.
- B. VISUAL OBSERVATIONS.
- C. STAFF AND JUVENILE INTERVIEWS.

**GP 1.4: W=3 (FORMERLY FS 28.0)**

FACILITY MEAL PERIODS ARE SCHEDULED TO ALLOW JUVENILES AT LEAST 20 MINUTES TO EAT IN A SETTING CONDUCTIVE TO THE PROMOTING OF SOCIAL SKILLS, I.E. APPROPRIATE CONVERSING DURING MEALS ETC. THE TIMES SHALL BE MEASURED FROM WHEN THE LAST MEAL IS SERVED.

**AUDIT MEASURES:**

- A. MEAL SCHEDULES.
- B. VISUAL OBSERVATION.
- C. STAFF AND JUVENILE INTERVIEWS.

**GP 4.0: W=3**

Restorative Community Justice (RCJ) values, principles and applications are woven through all aspects of programming and juvenile supervision.

Note: These audit measures serve as examples of restorative community justice practices but are not inclusive of all. The audit measures examine facility capacity for RCJ integration, sustainability and application.

**AUDIT MEASURES:**

- A. Application of RCJ practices:
  - Juveniles undergo a series of formal and informal processes that support a restorative milieu.
  - Specific RCJ activities reflect the following principles:
    - It is a facilitated experiential process.
    - Allows for an opportunity to address and build accountability.
    - Develops pro-social skill building.
    - Activity relates to juvenile's criminogenic need.
    - Addresses shame stigma and allows opportunity for transformation.
    - Involves community and relationship building.
    - Is integrated with individual and group counseling activities.
- B. RCJ integration and sustainability:
  - Facility has infrastructure to support RCJ practices including a committee established for coordinated RCJ efforts INCLUDING DOCUMENTATION.
  - RCJ components/activities are clearly documented in discrete case plans and case notes.
  - Documented review of a juvenile's progress includes revisiting criminogenic need with RCJ activities, goals and outcomes.
  - The facility 'community' is utilized to address restorative needs.
  - Motivational interview techniques are used in building relationships and community.
  - Accountability interventions incorporate restorative components specific to the juvenile's needs.

- Psycho-educational restorative justice classes have a curriculum.

**GP 6.0: W=2**

Juveniles have a means to communicate needs and ideas to administration regarding overall programming. THERE IS A PROCESS IN PLACE TO RECEIVE INFORMATION BACK FROM ADMINISTRATION.

Options may include:

- Utilization of student council.
- Communication box.
- Group interactions.

**AUDIT MEASURES:**

- A. Review of documentation.
- B. Review of implementing procedure.
- C. Juvenile interviews.

**GP 8.0: W=3**

All personnel in contracted and state run Division of Youth Corrections' settings shall treat juveniles with respect and dignity. Division of Youth Corrections' settings shall not support negative or derogative documentation or interactions from staff to juvenile or from juvenile to staff or from staff to staff. The facility administration shall immediately respond to all occurrences of derogative or disrespectful interactions and shall not sustain a culture in which such interactions are allowed.

**AUDIT MEASURES:**

- A. Review of implementing procedures.
- B. Observation of personnel interaction with juveniles.
- C. Review of grievances.
- D. Staff and juvenile interviews.
- E. Review of Critical Incidents (In the Colorado TRAILS database, where available).
- F. Interview with administration to review personnel response (if applicable).

**GP 10.0: W=4 (Contract Programs Only)**

Contract programs shall complete the PREA survey and address any concerns identified. THIS SURVEY SHALL BE DONE QUARTERLY FOR DETENTION FACILITIES AND TWO TIMES PER YEAR FOR TREATMENT FACILITIES

**AUDIT MEASURES:**

- A. Review of PREA survey results.
- B. Documentation of how issues are addressed.

**GP 11.0: W=3 (FORMERLY FS 28.0)**

The facility shall promote the long-term health and wellness of juveniles by supporting student wellness and good nutrition.

**AUDIT MEASURES:**

- A. Nutritional information shall be made available to all juveniles.
- B. Life skills and/or wellness education programs are incorporated into the activity schedule a minimum of one time per week.
- C. At least fifty (50) percent of all available food items offered at the school store, commissary, and concession stands meet acceptable nutritional standards such as:

- Plain, unflavored noncarbonated water.
- Milk including chocolate or other similar dairy or non-dairy beverage.
- 100% fruit juices or fruit-based drinks composed of no less than 50% juice.
- An electrolyte replacement beverage that contains forty-two grams or less additional sweetener per 20 ounce serving.
- Nuts, dairy products, fresh fruits or vegetables, dried fruits or vegetables, and packaged fruits in their own juices.
- Any other food item:
- Containing 35% or less of the total calories from fat and not more than 10% of those calories from saturated fat.
- No more than 35% of its total weight in sugar.

### **Juvenile Records**

#### **JRC 1.0: W=2**

There is a procedure to govern record management, including at a minimum the following areas:

- The establishment, use, and content of juvenile records.
- Right to privacy; secure placement and preservation of records.
- A schedule for retiring or destroying inactive records **CONSISTENT WITH POLICY.**

#### **AUDIT MEASURES:**

- Examination of security of juvenile records.
- Documentation of destruction of inactive files.
- Implementing procedures.

#### **JRC 2.0: W=2**

The facility administration maintains a hard copy or electronic information record on each juvenile that is available in a master file or Colorado TRAILS and includes at a minimum the following information:

	<b>Document</b>	<b>Detained</b>	<b>Treatment</b>
a.	Face Sheet	X	X
b.	Mittimus		X
c.	Law Enforcement Referral, Court Order, Warrant, or Warrant less Arrest	X	
d.	Affidavit	X	
e.	MAYSI and SIRS-R	X	X
f.	Extended Suicide Assessment, When Applicable	X	X
g.	List of Approved Contacts (Mail, Telephone, and Visiting)	X	X
h.	VINE Notification Registration/ "Pumpkin Sheet"	X	
i.	Documentation of Completed Orientation to the Facility	X	X
j.	Signed Receipt of Juvenile Handbook, Program Rules, and Disciplinary Policy	X	X

k.	Signed Receipt of Sexual Contact Prevention Brochure	X	X
l.	Critical Information Advisement Forms	X	X
m.	Victim Vulnerability Assessment	X	X
o.	Inventory of Personal Property	X	X
p.	Progress Reports From Current Facility	X	X
q.	Health Screen	X	X
r.	Juvenile Grievances	X	X
s.	Documentation of Major Rule Violations, Use of Force, and/or Seclusion, When Applicable	X	X
t.	Court and Disposition Information	X	X
u.	VERBAL OR WRITTEN Medical Consent Forms	X	X

**AUDIT MEASURES:**

- A. Juvenile's files.
- B. Colorado TRAILS database.

**JRC 5.0: W=2**

The contents of hardcopy records are identified and separated according to the established format in Division of Youth Corrections' Policy 6.1 for committed juveniles and implementing procedure for Detained facilities. Records are safeguarded from unauthorized and improper disclosure and assure HIPAA compliance. Manual records are marked "confidential". Electronic information ensures security and confidentiality.

**AUDIT MEASURES:**

- A. Juvenile files and storage location.
- B. Computer access profiles assigned based on job role and "need to know".
- C. Procedure of sending and receiving electronic information.

**Juvenile Rights And Responsibilities**

**JRR 2.0: W=4**

Juveniles have access to courts, counsel and staff assists juveniles in making confidential contact with attorneys and their authorized representatives. Such contact includes but is not limited to telephone communications, uncensored correspondence, and visits.

**AUDIT MEASURES:**

- A. Phone and visit logs.
- B. Colorado TRAILS database.
- C. Juvenile interviews.

**JRR 3.0: W=4**

Juveniles are not subjected to discrimination based on race, religion, national origin, gender IDENTITY, sexual orientation, physical handicap, color, creed or political affiliation.

**AUDIT MEASURES:**

- A. Orientation information.

- B. Grievances.
- C. Juvenile interviews.

**JRR 3.1: W=4**

If the program serves both male and female juveniles, they shall be afforded equal gender specific programming and personal needs to include groups, recreational opportunities.

**AUDIT MEASURES:**

- A. Facility schedules.
- B. Juvenile interviews.

**JRR 4.0: W=3**

Juveniles have reasonable exposure to the general public through the media including but not limited to national television news, newspapers, and magazines, subject only to the limitations necessary to maintain facility order and security and protect the juveniles' rights.

**AUDIT MEASURES:**

- A. Facility schedule
- B. Visual observation.
- C. Staff and juvenile interviews.

**JRR 4.1: W=4**

Juvenile's identified by name or photo via media shall have signed consent. SIGNED CONSENTS SHALL BE FOR SPECIFIC SITUATIONS AND TIME.

**AUDIT MEASURES:**

- A. Staff and juvenile interviews.
- B. File review.
- C. Implementing procedure.
- D. Documentation of contact with Division of Youth Corrections' Communications Director.

**JRR 5.0: W=4**

Juveniles are protected from corporal punishment, harassment, mental or physical abuse, personal injury, disease, intimidation, property damage, threats, harm, assault, humiliation or intentional interference with normal bodily functions of eating, sleeping or bathroom functions by any person.

**AUDIT MEASURES:**

- A. Critical Incident and Incident Reports (Documented in the Colorado TRAILS database, where available).
- B. Utilization of universal precautions.
- C. Grievances.
- D. Staff and juvenile interviews.
- E. Visual observation.

**JRR 5.1: W=2**

Juvenile's first and last name shall not be displayed on awards, postings, etc IN PUBLIC ACCESS AREAS. The first name and last initial may be used.

**AUDIT MEASURE:**

- A. Visual observation.

**JRR 6.0: W=4**

There is reporting and appropriate documentation of all internal allegations of child abuse and/or neglect OR THIRD PARTY ABUSE SITUATIONS to the local department of social services and/or local law enforcement within one hour of discovering the incident.

**AUDIT MEASURES:**

- A. Critical Incident and Incident Reports (Documented in the Colorado TRAILS database, where available).
- B. Safety program manual.
- C. Implementing procedure.
- D. REVIEW OF CHILD ABUSE ALLEGATION WORKSHEET.
- E. REVIEW OF PROCESS TO ENSURE ADMINISTRATION DOES NOT REQUIRE PRIOR NOTIFICATION.

**JRR 6.1: W=4 (PREVIOUSLY HR 14.0)(DOES NOT APPLY TO CONTRACT PROGRAMS)**

Upon conclusion by the county for all allegations of child abuse, either screened out, unfounded, inconclusive, or founded, that occurs within division of youth corrections' custody; at a Division of Youth Corrections' facility or during Division of Youth Corrections' programming, there shall be clear documentation of internal inquiry along with documentation of the action taken when applicable.

**AUDIT MEASURES:**

- A. Documentation of internal inquiry and findings.
- B. Documentation of personnel action if applicable.

**JRR 7.0: W=2**

Juveniles have freedom in personal grooming and dress as referenced in Division of Youth Corrections' Policy 13.5.

**AUDIT MEASURES:**

- A. Implementing procedure.
- B. Staff and juvenile interviews.

**JRR 8.0: W=3**

All aspects of Division of Youth Corrections' Policy 13.2 shall be followed, to include all areas listed:

- Juveniles have unimpeded access to the grievance process and forms.
- Locked boxes are available.
- Grievances are collected from locked boxes within 48 hours excluding weekends and holidays.
- Grievances responded to and concluded within 72 hours, not including weekends and holidays.
- Clear documentation for reasons if outside 72 hour timeframe.
- Juvenile receipt of copy of decision.
- Original forms kept in juvenile file.
- Tracking of grievances for process, content and resolution.

- Ability of juvenile to file grievance directly to the facility director, director of facility operations or regional director.
- Facility administration shall review all grievances.
- There is at least one level of appeal available and all appeals are concluded within five business days.
- Grievances are heard by an impartial party.
- GRIEVANCES INVOLVING CIVIL RIGHTS VIOLATIONS REPORTED TO THE CIVIL RIGHTS INVESTIGATOR.

**AUDIT MEASURES:**

- A. Review of grievances.
- B. Facility tracking records.
- C. Implementing procedure.
- D. Staff and juvenile interviews.
- E. Visual observation.
- F. Juvenile files.
- G. Review of the required grievance form.

**JRR 10.0: W=3**

Facility staff shall report all alleged civil rights violations to the civil rights contact person. Client civil rights contact information shall be posted.

**AUDIT MEASURES:**

- A. Visual observation.
- B. Review of grievances.
- C. Juvenile interviews.

**Mail, Telephone and Visiting**

**NOTE: Unless noted otherwise, all of the standards below are measured by reviews, implementing procedures, interviews with juveniles and staff and documentation in the Colorado TRAILS database (where available).**

**MTV 1.2: W=2**

Juveniles receive a specified postage allowance to maintain community ties, at a minimum of TWO stamps per week.

**MTV 2.0: W=3**

Juveniles are permitted to send sealed letters to a specified class of persons and organizations including but not limited to courts, counsel, officials of the confining authority, administrators of grievance systems, and members of the releasing authority.

**MTV 5.0: W=3**

Juveniles' mail, both incoming and outgoing, may be opened and READ while the juvenile is present for contraband, gang graffiti and drug related symbols. Mail may be withheld when based on legitimate facility interest of order and security. The juvenile shall be notified when incoming or outgoing letters are withheld in part or in full.

**AUDIT MEASURE:**

- A. Notification to juvenile regarding disposition of mail, documented in file or Colorado TRAILS database.

**MTV 7.0: W=2**

Incoming and outgoing letters are held for no more than 24 hours, and packages for no more than 48 hours, excluding weekends and holidays.

**MTV 8.0: W=2**

Letters and packages are forwarded after transfer or release. If address is not available, the letter or package is returned to sender or Post Office.

**MTV 9.0: W=3**

Juveniles have access to the telephone to make and receive approved personal calls. Juveniles SHALL especially have access to parents and guardians, at a minimum of twice per month. The facility shall make provisions for juveniles to contact parents and guardians in circumstances when collect calls cannot be made/accepted. Parent/guardian contact shall not be based on behavior or status of juvenile.

**AUDIT MEASURES:**

- A. Facility schedules.
- B. Phone logs.
- C. PHONE CALLS ENTERED INTO THE TRAILS DATABASE WHERE AVAILABLE.

**MTV 10.0: W=3**

Juveniles have the right to receive visits from approved visitors, subject only to the limitations necessary to maintain facility order and security or treatment needs.

**AUDIT MEASURES:**

- A. Facility schedule.
- B. Documentation if denied.
- C. DOCUMENTATION IN TRAILS WHERE AVAILABLE.

**MTV 10.1: W=3**

The visiting area shall offer sufficient space and privacy, permit communication, including the opportunity for acceptable levels of physical contact.

**AUDIT MEASURE:**

- A. Visual observation of visiting rooms.

**Recreation and Activities**

**RA 1.0: W=2**

A facility shall have a recreation coordinator or committee to plan and oversee all recreation programs.

**AUDIT MEASURES:**

- A. Facility organization charts.
- B. Facility director interview.

## C. MEETING MINUTES.

### RA 2.0: W=2

Juveniles shall have access to recreational opportunities and equipment for approximately one-hour daily, including outdoor exercise when the climate permits. Juveniles who are programmatically confined shall receive an opportunity for approximately one hour of large muscle activity each day unless there are necessary limitations based on documented safety and/or security concerns. Recreational activities shall be documented on the shift log with the start and ending time.

#### **AUDIT MEASURES:**

- A. Implementing procedures.
- B. Juvenile interviews.
- C. Facility schedule.
- D. Juvenile surveys.
- E. Shift logs.

### RA 2.1: W=2

A variety of equipment shall be provided for indoor and outdoor recreation.

#### **AUDIT MEASURES:**

- A. Visual observation.
- B. Program and daily activity schedules.

## **Release**

### RLS 1.0: W=4

Procedure for releasing juveniles shall include but is not limited to the following:

- Verification of identity of person authorized to receive the juvenile.
- Verification of release papers.
- Return and signature of receipt of personal effects.
- Medical screening and arrangements for community follow-up when needed.
- Instructions on forwarding of mail.
- Medications.
- Critical advisement given to the receiving parent, guardian or agency.

#### **AUDIT MEASURES:**

- A. Release records.
- B. Implementing procedure.

### RLS 3.3: W=3 (COMMITTED FACILITIES ONLY)

Behaviors that are expected and those that are unacceptable during temporary release, and sanctions that may be applied to juveniles who exhibit unacceptable behaviors, shall be identified and made available to the juvenile.

#### **AUDIT MEASURES:**

- A. Temporary release forms.
- B. Staff and juvenile interviews.

- C. Juvenile Handbook.
- D. Signed acknowledgement in juvenile file.

**RLS 3.4: W=3 (COMMITTED FACILITIES ONLY)**

A safety plan shall be developed when the juvenile is not supervised by facility staff. The plan shall be revised as appropriate for each unsupervised outing.

**AUDIT MEASURES:**

- A. Safety plan(S) in juvenile file.
- B. Implementing procedure.

**SPIRITUAL PROGRAMS**

**REL 1.0: W=2**

The facility shall have a designated person who coordinates the facility's spiritual programs. The Spiritual Services Coordinator shall develop and maintain contact information with varied or multi-denominational spiritual resources in the community.

**AUDIT MEASURES:**

- A. Resource contact information.
- B. Interview with Spiritual Coordinator.

**REL 2.0: W=2**

The facility provides space and equipment needed to conduct and administer spiritual programs.

**AUDIT MEASURES:**

- A. Implementing procedure.
- B. Staff and juvenile interviews.
- C. Visual observation.

**REL 3.0: W=4**

Juveniles have the opportunity to participate in practices of their spiritual faith which are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity, or that the activity itself disrupts order in the facility.

**AUDIT MEASURES:**

- A. Facility program description.
- B. Facility program schedule.
- C. Staff and juvenile interviews.
- D. Implementing procedure.

**REL 4.0: W=3**

Juveniles participate in spiritual services and counseling on a voluntary basis.

**AUDIT MEASURES:**

- A. Orientation information.
- B. Implementing procedure.
- C. Staff and juvenile interviews.

## **PS XI -- Rules and Discipline**

### **RD 1.0: W=3**

Facility shall have a system of rewarding the positive behavior of individual juveniles. The system shall be appropriate to facility type and attainable by the population. THE SYSTEM SHALL BE IN LINE WITH CURRENT DIVISION OF YOUTH CORRECTIONS' INITIATIVES AND BEHAVIOR MANAGEMENT PHILOSOPHIES.

#### **AUDIT MEASURES:**

- A. Facility program description.
- B. Juvenile Handbook.
- C. Staff and juvenile interviews.
- D. Visual observation.

### **RD 4.0: W=3**

Interactions between staff and juveniles shall support resolution of problem behaviors in a non-punitive manner by using verbal techniques and promoting pro-social behaviors.

#### **AUDIT MEASURES:**

- A. Visual observation.
- B. Juvenile interviews.

### **RD 4.1: W=4**

Staff shall regulate juvenile conduct at all times. Staff is responsible for the day-to-day operations, appropriate documentation, management and condition of the pod/living unit as well as the supervision, custody and care of juveniles within the facility and community when application.

#### **AUDIT MEASURES:**

- A. Visual observation.
- B. Staff and juvenile interviews.
- C. Incident Reports.
- D. Shift log review.

### **RD 4.3: W=3**

THE FACILITY SHALL HAVE A SYSTEM FOR ADDRESSING AND HOLDING JUVENILES ACCOUNTABLE FOR MINOR BEHAVIORAL ISSUES. THE SYSTEM SHALL BE APPROPRIATE TO FACILITY TYPE AND ATTAINABLE BY THE POPULATION.

#### **AUDIT MEASURES:**

- A. REVIEW IMPLEMENTING PROCEDURE.
- B. JUVENILE HANDBOOK.
- C. STAFF AND JUVENILE INTERVIEWS.
- D. VISUAL OBSERVATION.

**RD 6.0: W=4**

Seclusion shall only be utilized when IN COMPLIANCE WITH DIVISION OF YOUTH CORRECTIONS' POLICY AND FACILITY IMPLEMENTING PROCEDURE

**AUDIT MEASURES:**

- A. Incident Reports.
- B. Seclusion records.
- C. Implementing procedure.
- D. Staff and juvenile interviews.
- E. Juvenile's files.
- F. TRAILS room assignment.

**RD 7.0: W=4**

Juveniles may be placed behind a locked door, preventing egress, for REASONS THAT ARE IN COMPLIANCE WITH THE DIVISION OF YOUTH CORRECTIONS' POLICY AND FACILITY IMPLEMENTING PROCEDURE.

**AUDIT MEASURES:**

- A. Room check sheets OR SHIFT LOGS
- B. Juvenile Handbook.
- C. Implementing procedure.
- D. Program schedule.
- E. Staff and juvenile interviews.

**RD 7.1: W=4**

Self-initiated time outs may be utilized by a juvenile when IN COMPLIANCE WITH DIVISION OF YOUTH CORRECTION POLICY ALONG WITH THE FACILITY IMPLEMENTING PROCEDURE.

**AUDIT MEASURES:**

- A. Review of implementing procedure.
- B. Review 15 minute safety check sheet.
- C. Staff and Juvenile interviews.

**RD 8.0: W=4**

Staff-directed time outs may be utilized by staff when IN COMPLIANCE WITH DIVISION OF YOUTH CORRECTION POLICY ALONG WITH THE FACILITY IMPLEMENTING PROCEDURE.

**AUDIT MEASURES:**

- A. Review of implementing procedure.
- B. ROOM check sheet.
- C. Staff and Juvenile interviews.

**RD 8.1: W=4**

Juveniles in their rooms during sleeping hours shall be checked at variable intervals, at a MAXIMUM of 30 minutes with the exception of Seclusion OR Suicide Precaution Monitoring. (All require more frequent checks).

**AUDIT MEASURES:**

- A. Implementing Procedures.
- B. Room Check Sheet OR SHIFT LOGS.

**RD 10.0: W=3**

Due process shall be followed as outlined in policy. All areas noted shall be met:

- Preparation of incident report.
- Copy of rule violation to juvenile within 24 hours of incident.
- Hearing scheduled no later than 72 hours after the discovery of the alleged violation.
- Juvenile has right to waive 24-hour advance notice of hearing.
- Have hearing completed by an impartial staff member.
- Juvenile shall be present at hearing unless right to do so is waived or a clear security risk is documented.
- Juvenile has the right to make statements, call witnesses and provide evidence. Any denial shall be documented.
- Juvenile may request the assistance of staff to represent them.
- Juveniles may question witnesses.
- Written documentation of the decision and supporting reasons shall be kept in the juvenile file and/or TRAILS, and the juvenile shall receive a copy.
- All disciplinary hearings are reviewed by administration or designee to assure compliance to policy.
- Juveniles shall be granted the right to appeal decisions of the disciplinary committee to the facility administrator or designee in writing, within 5 days of receipt of decision, excluding weekends and holidays.
- The appeal shall be decided within 10 days of receipt, exclusive of weekends and holidays, and the juvenile shall be promptly notified in writing of the results.
- Restorative community justice opportunity shall be considered to reduce sanctions.
- 95% HEARING COMPLETION.

**AUDIT MEASURES:**

- A. Incident Reports (Documented in the Colorado TRAILS database, where available).
- B. Colorado TRAILS Database.
- C. Juvenile File.
- D. Implementing Procedure.
- E. Staff and juvenile interviews.
- F. Juvenile handbook.

**RD 23.0: W=3**

The facility has developed a process to track the assignments and completion of restorative community justice or disciplinary SANCTIONS when assigned to a juvenile(s) AS AN INTERVENTION FOR A GUILTY MAJOR RULE VIOLATION.

**AUDIT MEASURES:**

- A. Staff and juvenile interviews.
- B. Documentation.
- C. REVIEW OF IMPLEMENTING PROCEDURE.

## SPECIAL MANAGEMENT SERVICES

### **Special Management**

#### **SM 1.0: W=4**

Implementing procedures shall provide special management for juveniles with serious behavior problems and for juveniles requiring protective care. An individualized program shall be developed.

#### **AUDIT MEASURES:**

- A. Examples of specific programs implemented (Documented in the Colorado TRAILS database, where available).
- B. Review of facility/program implementing procedures.

#### **SM 1.1: W=4**

Special Management Programs (SMP) shall include due process safeguards that occur prior to the implementation of the SMP and shall include the following:

- The rationale for, or basis of, the Special Management Program.
- An assessment of risk that the juvenile presents to self and/or others.
- An assessment of the juvenile's ability to control and modify his/her precipitating behavior.
- The juvenile notified in writing of the request for a SMP and informed of the date, place and time of the Collaborative Review Team staffing.
- The juvenile or his/her parents (if under 18) shall be informed in writing of their right to appeal.

#### **AUDIT MEASURES:**

- A. Review of Special Management Program request (documented in Colorado TRAILS Database where available).
- B. Written notice to juvenile with appeal option.

#### **SM 1.2: W=4**

Special management programs shall include the following elements:

- Goal of the program.
- Target behaviors.
- Replacement behaviors.
- Incentives.
- Restorative community justice (as applicable).
- Program specifications and restrictions.

#### **AUDIT MEASURES:**

- A. Review of the special management program.
- B. Interview with juvenile.
- C. Documentation (in the Colorado TRAILS database where available).

### SM 3.0: W=3

The facility has developed a process and shall utilize a Collaborative Review Team staffing in the development of all Special Management Programs. The Collaborative Review Team shall be comprised of members from all programmatic areas impacted by the Special Management Program in order to have information, share knowledge or support the juvenile in meeting programmatic objectives. Represented areas may include but are not limited to:

- Behavioral Health staff
- Direct care staff
- Client Manager
- Educational staff
- Medical staff, if juvenile has medical need
- Mental health
- Administration
- Food services staff, if juvenile has a dietary need
- The juvenile, if the juvenile wants to be present and is considered to be safe
- The juvenile's family members, if they want to be present

**NOTE:** For programs not using TRAILS: In situations where all members of the CRT cannot be brought together at the same time, documentation of the process of gaining signatures and feedback from all necessary persons shall be placed in the juvenile's master file.

#### **AUDIT MEASURES:**

- A. Review of the Special Management Program signature sheet.
- B. Review of juvenile's file.
- C. Review of Special Management Program.
- D. Review of TRAILS documentation.

### SM 3.1: W=4

The Special Management Program should be reviewed at a minimum of every week by the CRT and any progress or regression since the last review and any modifications to the plan shall be documented.

#### **AUDIT MEASURE:**

- A. Review of documentation supporting a weekly review of program, in Colorado TRAILS database, where available or juvenile's file.

### SM 4.0: W=4

Written policy, procedure, and written plans specify that juveniles placed in Special Management Programs are not restricted from living conditions, treatment services and educational services where applicable, approximating those available to the general juvenile population. Exceptions are justified by clear and substantiated evidence.

#### **AUDIT MEASURES:**

- A. Observation of rooms/units.
- B. Interviews with juveniles.
- C. Review of Special Management Program.

**SM 5.0: W=4**

Special Management Programs shall include measurable (the ability to demonstrate or quantify progress) objectives (incremental steps toward the larger goal) and/or incremental behavioral achievements that are not in conflict with the juveniles DCP and/or Individual Treatment Plan, which measure the juvenile's progress towards reintegrating with the general population.

**AUDIT MEASURES:**

- A. Review of Special Management Programs (Documented in the Colorado TRAILS database, where available).
- B. Review of committed juvenile's DCP and/or Individual Treatment Plan.

**SM 5.1: W=3**

There shall be written provisions to terminate the special management program once the juvenile no longer is considered to be in need of the program or has completed the program objectives.

**AUDIT MEASURES:**

- A. Review of the special management program.
- B. Interview with juvenile.
- C. Documentation (in the Colorado TRAILS database where available).

## ASSESSMENT SERVICES

### Assessment Services (Treatment Facilities Only)

#### ASM 1.0: W=3

The assessment program shall maintain an assessment manual, which outlines current assessment practices and protocol, including a comprehensive list of approved evaluation instruments for all assessment disciplines. This manual shall be reviewed by the assessment supervisor or designee annually and updated as necessary.

#### **AUDIT MEASURES:**

- A. Assessment Manual.
- B. Documentation of annual review.
- C. Review current policies and implementing procedures.

#### ASM 2.0: W=3

Assessment instrument findings are integrated to identify criminogenic need/protective areas and individualized and targeted treatment/transition recommendations designed to inform the development of the juvenile's Discrete Case Plan.

#### **AUDIT MEASURES:**

- A. Review sampling of assessment reports and education assessment reports.
- B. Evidence of completion that approved assessment instruments (CJRA, CCAR, SUS, ASAP, Colorado Neuropsychological screening questionnaire, Jesness inventory-revised, when applicable) are administered for all committed juveniles.
- C. TRAILS documentation of required assessment instruments (CJRA, CCAR, neuropsychological screening questionnaire).

#### ASM 3.0: W=4

Evidence of MDT signatures for juveniles identified with security level modification needs.

#### **AUDIT MEASURES:**

- A. Review documentation of MDT signature page attached to security level modification form.
- B. Review TRAILS security level modification entries.

#### ASM 4.0: W=4

Completion of the assessment process within the parameters outlined by Division of Youth Corrections' policy. ASSESSMENT INFORMATION SHALL BE PLACED IN TRAILS WITHIN 24 HOURS OF SENDING TO THE CLIENT MANAGER.

#### **AUDIT MEASURES:**

- A. Review of assessment completion timeframe for all newly committed juveniles.
- B. Review of all utilized evaluation instruments documented in the master file and Colorado TRAILS database, when applicable.
- C. Review policy.
- D. REVIEW TRAILS ASSESSMENT ENTRIES.

**ASM 6.0: W=4**

A signed authorization for release of confidential information must be completed prior to the disclosure of alcohol and drug information at the assessment MDT meeting and prior to release of drug and alcohol information to the juvenile parole board.

**AUDIT MEASURE:**

- A. Evidence of a signed authorization for Release of Confidential Drug and Alcohol Information Form.

**ASM 8.0: W=3**

Pre-staffing correspondence and communication shall occur prior to the assessment MDT meeting in compliance with Division of Youth Corrections' Policy 21.2. This shall include, but is not limited to, written communication of security level designation, juvenile strengths/competencies, and prominent criminogenic, educational, vocational, clinical, mental health, and treatment/transition needs.

**AUDIT MEASURE:**

- A. Review documentation of pre-staffing treatment team correspondence, communication and case review.

**ASM 9.0: W=3**

Review of written program improvement plan specifically designed to address stakeholder feedback related to the initial assessment MDT.

**AUDIT MEASURES:**

- A. Interview assessment juvenile, families and regional personnel, in order to evaluate the MDT process.
- B. Review of written program improvement plan specifically designed to address stakeholder feedback related to the initial assessment.
- C. Review quarterly assessment MDT CQI forms.

**ASM 10.0: W=4**

The assessment unit follows the statewide quality assurance protocol to ensure accurate Mittimi interpretation and sentencing calculation.

**AUDIT MEASURES:**

- A. Review statewide assessment quality assurance protocol located in the assessment manual.
- B. Interview assessment unit supervisor, assessment specialist and administrative personnel.
- C. Interview the appointed statewide quality assurance specialist.
- D. Review of Mittimi resolution database.

ASM 12.0: W=3

The assessment services supervisor provides appropriate supervisory oversight of the assessment practices.

**AUDIT MEASURES:**

- A. Review of completed assessment and education CQI checklist documentation.
- B. Interview assessment services supervisor and assessment team members.
- C. All assessment reports are signed by a licensed mental health professional (Psychologist, LCSW, LPC, OR LMFT).
- D. Assessment specialists are supervised by a licensed mental health professional (Psychologist, LCSW, LPC, OR LMFT).
- E. Review of assessment MDT meeting CQI forms.

ASM 13.0: W=3

Educational procedures shall be followed in accordance with General and Special Education state statutes, Division of Youth Corrections' policy, and federal law as assigned.

**AUDIT MEASURES:**

- A. Verify distribution of procedural safeguards offered to the parent/guardian of students with Special Education services documented in a current or overdue IEP.
- B. Parental signature on the transfer –or- notation of mailing on the IEP transfer or education assessment report.
- C. Verify transfers of current individual education plans (IEP's), received prior to two days before the staffing.
- D. Review the education communication log.
- E. Verify "notice of meetings" letter with date, time, and location for assessment MDT meeting is included with the education assessment report.

ASM 16.0: W=2

All education TRAILS entries SHALL be completed.

**AUDIT MEASURES:**

- A. Review of TRAILS for accompanying education reports and special education reports to include:
  - 1. Woodcock Johnson III scores (WJIII).
  - 2. Confirmed educational status.
  - 3. SASID numbers obtained through CDE for secondary educational students (or rationale for unavailable SASID numbers in comment box).
  - 4. MAP – Measure of Academic Progress
  - 5. CIC – College in Colorado
- B. Verification of fed or diploma as documented in the educational assessment report.

ASM 17.0: W=3

The education assessment unit shall keep and maintain an updated communication log that tracks and files required revisions to the education assessment process as communicated by the director of education or designee.

**AUDIT MEASURE:**

- A. Review of education communication log and signed face sheet acknowledging educational assessment specialist review.

**ASM 18.0: W=3**

Education assessment results from formal evaluations, informal evaluations, interview, and record review SHALL be reported in an education assessment report for each juvenile to identify educational, vocational, and transitional needs in accordance with the assessment manual.

**AUDIT MEASURES:**

- A. Review sampling of education assessment reports to verify administration and incorporation of mandatory educational assessment instruments.
  - 1. Woodcock-Johnson III (WJIII).
  - 2. College in Colorado account portfolio.
  - 3. Informal language assessment (interview).
- B. Review confirmed educational status.
- C. Review education assessment report.
- D. Review assessment manual.

**ASM 19.0: W=3**

The assessment unit SHALL make appropriate attempts for receipt of pertinent collateral information.

**AUDIT MEASURES:**

- A. Review of release of information requests from relevant stakeholders as included in the juvenile's stored assessment files.
- B. Review contact sheet and/or student education files.

**ASM 20.0: W=3**

STANDARDIZED DIVISION OF YOUTH CORRECTIONS REFERRAL FORM SHALL BE COMPLETED BY THE ASSESSMENT TEAM AT THE INITIAL MDT MEETING AND SHALL BE INCLUDED IN THE ASSESSMENT PACKET.

**AUDIT MEASURES:**

- A. REVIEW THE JUVENILE ASSESSMENT PACKET
- B. INTERVIEW CLIENT MANAGERS AS AVAILABLE
- C. REVIEW ASSESSMENT MDT MEETING FORMS